

LOGAN HIGH SCHOOL PRE-APPROVED ABSENCE FORM

Student Name _____ Date/s _____

Grade _____ School Related (please circle) Yes No

Your son/daughter has requested permission to be absent from school for the purpose of:

It should be understood that the school may not allow such absences. This form is to be taken to all teachers for comment and signatures, and then taken home for parent signature. The completed form must be returned to the Associate Principal's office before the date of absence(s) for approval.

It is also understood that your child will return to school promptly (unless under doctor's care for illness.) If he/she does not, he/she will be considered unexcused and will have to make up the time.

SUBJECT	CURRENT COURSE GRADE	TEACHER COMMENTS & SIGNATURE	TEACHER APPROVAL	
			YES	NO
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				

Please indicate your approval of this proposed absence by signing below.

Parent Signature _____

Associate Principal _____

OFFICE USE ONLY Approved _____ Not approved _____
--