

Mt. Ararat High School Planned Absence Request

Gr: _____
Days _____

THIS FORM MUST BE TURNED IN ONE WEEK IN ADVANCE TO SAO.

My child, _____ will be absent from school from
_____ to _____

For _____

I understand that he/she is responsible for getting his/her homework *in advance* from his/her teachers. These assignments are due upon return to school.

Teachers signatures indicating homework has been obtained.

- | | |
|-------------|--------------|
| 1 Red _____ | 1 Blue _____ |
| 2 Red _____ | 2 Blue _____ |
| 3 Red _____ | 3 Blue _____ |
| 4 Red _____ | 4 Blue _____ |

_____	_____	_____	_____
parent signature	date	administrator	date

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_____	_____	_____	_____
Parent signature	Date	Administrator	Date