COOPER CITY HIGH SCHOOL

APPLICATION FOR PERMITTED ABSENCE

This form is to be signed by each classroom teacher and will not be accepted if not filled out completely.

It is the student's responsibility to make arrangements for make-up work prior to this absence and to be prepared to participate in classwork upon his/her return to class.

Student's Name:		
Last	First	Middle Initial
Student #: Grade: _	GPA Weighted:	GPA Unweighted:
Credits Earned:	Community Service Hou	urs:
Dates of Permitted Absence (First day of absence)	Returning on:	
Reason for Permitted Absence Request:		
Teacher's Signature	Test Planned	Students Work
	(Yes or No)	Status *
Period 1:		
Period 2:		
Period 3:		
Period 4:		
Period 5:		
Period 6:		
Period 7:		
Period 8:		*
*Teachers: Please note whether the student's		
Your recommendation is not given parents will		•
Student must secure the signature of each teacher from vignature before turning this form into Student Affairs Of permission <u>WILL NOT</u> be granted.		
Parent's/Guardian's Signature	Assistant Principal's Signa	ature/Date
Parent's/Guardian's Daytime Telephone Number:		1

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