

WESTERN HIGH SCHOOL
 Jimmy Arrojo, Principal
APPLICATION FOR PERMITTED ABSENCE

STUDENT _____
 Last First Middle Dates of Absence

GRADE _____ Student Number _____

REASON FOR ABSENCE

SCHOOL SPONSORED ACTIVITY - PARTICIPANT

(Names are NOT to be turned in as absent) _____

SCHOOL SPONSORED ACTIVITY - SPECTATOR

(Names are to be turned in as absent) _____

PERSONAL (Letter from parent required)

(Names are to be turned in as absent) _____

ALL CLASSROOM WORK MUST BE OBTAINED PRIOR TO LEAVING.
ALL ASSIGNMENTS MUST BE COMPLETED UPON YOUR RETURN TO SCHOOL.

ISSUED BY _____ Date _____
 Administrator Date

	NUMBER OF UNEXCUSED ABSENCES	TEACHER'S SIGNATURE	TEACHER COMMENTS
1.			
2.			
3.			
4.			
5.			
6.			
7.			

In order for this document to be official, it must be signed by your teachers, your administrator and returned to Mindy Berkowitz in the 1300 Building (Room 1301) within 24 hours of receipt.

 Student's Signature Date