

The Pride of Graves County Absence Request Form

(To be completed by Parent/Guardian and Student)

STUDENT NAME: _____
(Please Print Clearly) First Name Last Name

PARENT/GUARDIAN: _____
(Please Print Clearly) First Name Last Name

REQUEST EXCUSE FOR: ABSENCE TARDINESS EARLY LEAVE
(Circle one of the above)

FROM WHICH ACTIVITY: _____

DATE (Month/Day/Year): _____

DATE SUBMITTED: _____

INFORM SECTION LEADER: YES NO

STUDENT SIGNATURE: _____

PARENT SIGNATURE: _____

REASON (Be VERY specific. Vagueness may cause the request to be denied. One-word answers will not be enough!!!):

APPROVED

DENIED

This form requires the Parent/Guardian's Signature for validation. This form must be delivered to Mr. Williams' office. **The mere act of submitting this form does NOT guarantee your absence will be approved!** Forms must be turned in at least 24 hours PRIOR to Absence, Tardiness, or Early Leave. If Absence, Tardiness, or Early Leave is for medical reasons, a physician's note must be turned in within 48 hours.