

Holman Middle School  
Extended Student Absence Request Form

**Student's Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Date(s) of absence(s) for which you are requesting approval:**

\_\_\_\_\_

**Number of school days absent:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent's signature:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**Parent's email:** \_\_\_\_\_

*Please print clearly*

Please note: You will be contacted by email to confirm your request and will be given a timeline of when assignments will be due.

Office Use Only

Principal Approved:      Yes: \_\_\_\_\_      No: \_\_\_\_\_

Work Due: \_\_\_\_\_

Parents notification Date: \_\_\_\_\_

Teachers Notification Date: \_\_\_\_\_

Counselors Notification Date: \_\_\_\_\_

Testing Coordinator Notification Date: \_\_\_\_\_

dh 12/20/12