

Holman Middle School  
Extended Absence Request Form

Student Name: \_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Parent/Guardian email: \_\_\_\_\_

PLEASE PRINT CLEARLY

**Please Note:** You will be contacted by email to confirm your request and will be provided a timeline of when assignments are due.

**Office Use Only**

Previous Number of Principal Approved Absences this School Year: \_\_\_\_\_

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

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

**Notification Date**

Parent/Guardian: \_\_\_\_\_

Teachers: \_\_\_\_\_

School Counselor: \_\_\_\_\_

Testing Coordinator: \_\_\_\_\_

kk 2/27/2019