



# The Brook Hill Lower School

## Student Absence Request Form

Student Name(s): \_\_\_\_\_

Grade(s): \_\_\_\_\_ Teacher(s): \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**Form must be submitted at least 1 week prior to date of absence.**

Date(s) of absence: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, the parent or guardian of the above student, understand that my child will be responsible for all assignments and work missed during the absence. **Teachers will have make-up work available for the student before the date of absence. I understand that all assignments and work will be due upon arrival back to school.** All due dates for projects, tests, and assignments are firm and will not be rescheduled. Work that is not accounted for upon arrival back to school may result in a zero. I have read and understand the Attendance policy in the Brook Hill Lower School Handbook.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

A copy of this form will be given to the teacher of your student(s).