

Innovation Academy- FCS Magnet Stem High School

Request for Pre-Approved Absence

Student: _____ Grade: _____ Date(s) of Absence: _____

1. Students **MUST** circulate this form to all teachers for their signatures.
2. The request should be made at least five school days in advance of the absence.
3. *Assignments made prior to the absence, including tests/quizzes scheduled for the day of return, are generally due upon the student's return. Students who are present for any portion of the school day are expected to turn in all assignments due on that day in order to receive full credit.*
4. *A note from a parent/guardian must accompany this form.*
5. *Completion and submittal of this form does not guarantee the absence will be excused.*

Period	Course Name	Teacher Signature
0	_____	_____
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
HR	<u>Advisement</u>	_____

Approved by Administrator /Date

Received by Attendance Office/ Date

