

Extended Periods of Absence/Vacations

Vacations are strongly discouraged during instructional time. Students who know they will miss school for reasons related to athletics (not associated with SHDHS) or personal/family reasons should submit this form to the front office for approval by the administration of SHDHS at least <u>five days before the absence</u>. This ensures effective communication with school personnel regarding attendance and class assignments. Students will receive the same number of days absent plus one additional day to complete makeup work. Individual teachers may already have policies in place which supersede this policy. **Students must take the initiative to see their teachers and plan for missed work.**

Student Name:			Grade Level:
Today's Date:	Reques	sted date(s) of absence:	
Parent/Guardian Name:		· · · · · · · · · · · · · · · · · · ·	
Parent/Guardian Phone: _		Email:	
Reason/purpose for the ab	sence:		
Students are responsible for established by the SHDHS	•	•	ce under the makeup policy ns/policies.
Parent/Guardian Signature	:		Date:
Student Signature:			Date:
Administrator Approval:	YES NO		
Administrator Signature:		····	Date:
Teacher Signatures: (Teach	ners are aware that th	e student will be excuse	ed for this absence.)
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