

**LESTER MIDDLE SCHOOL
ADVANCE ABSENCE REQUEST**

NAME: _____ GRADE: _____

DATES OF ABSENCE: _____

REASON FOR ABSENCE: _____

PERIOD	TEACHERS/SUBJECT	TEACHER COMMENT
A1	_____	_____
A2	_____	_____
A3	_____	_____
A4	_____	_____
B1	_____	_____
Seminar	_____	_____
B3	_____	_____
B4	_____	_____
Counselor	_____	_____

PARENT/GUARDIAN REQUESTING ADVANCE ABSENCE FOR STUDENT WILL RECEIVE THIS FORM FROM LMS PRINCIPAL. STUDENT WILL TAKE FORM TO ALL TEACHERS FOR SIGNATURES, AND STUDENT AND PARENT/GUARDIAN WILL SIGN BELOW. STUDENT WILL RETURN COMPLETED FORM TO REGISTRAR.

STATEMENT OF UNDERSTANDING

I UNDERSTAND THAT WHEN THE WORK HAS BEEN PROVIDED, IT MUST BE SUBMITTED TO EACH TEACHER WITHIN **THE NEXT TWO CLASS PERIODS AFTER RETURNING TO SCHOOL.** ASSIGNMENTS NOT SUBMITTED AS REQUIRED MAY BE RECORDED AS FAILING GRADES.

STUDENT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE _____

ADMINISTRATOR SIGNATURE: _____