



**DeLaSalle High School
ANTICIPATED ABSENCE REQUEST FORM**

Student's Full Name: _____ Today's Date: _____

Date/s Requested for Absence: _____

Name of Teacher or Coach Initiating Request (if applicable): _____

Reason for Absence: _____

Name(s) of Parent/Guardian: _____

Signed Parental/Guardian Permission: _____

If this is a school-sponsored trip, please fill in the information in the boxed area below.

Home or Mobile Phone # of Parent/Guardian: _____	Work Phone: _____
Home Address: _____	
Emergency Contact Name and Phone (if different from above): _____	
Relationship to Student: _____	
Special Health Concerns of Student: _____	

Students, please complete the following before your absence:

1. **See each of your teachers, explaining the absence and obtain their signature.** You are expected to request assignments from each teacher prior to the day/s of absence. You are responsible for all academic material missing during the absence. By submitting this form you agree to turn in all assignments upon return, unless other arrangements are made with the teacher(s) or administrator.
2. **See either Ms. Coughlan, Mr. Lemon or Ms. Gillund for the Administrative Signature.**
3. **Submit this completed form, with all signatures and any notes, to Mr. Lemon or Ms. Gillund in the Main Office.**

PERIOD:	CLASS:	TEACHER'S SIGNATURE:	COMMENTS:
1			
2			
3			
4			
5			
6			
7			
8			

Administrative Signature: _____