



Skagit Adventist Academy 7th-12th Absence Request

Student Name: _____

Date of absence: _____

Please excuse the following classes:

<u>CLASS</u>	<u>PERIOD</u>	<u>TEACHER</u>	<u>TEACHER'S SIGNATURE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For the following reason:

- ☐ School Activity
- ☐ Injury or Illness
- ☐ Death in the family
- ☐ Mandatory court appearance
- ☐ Medical or dental appointment
- ☐ Administrative Excuse

☐ Other _____

Parent's Signature

Date