



ZAMA AMERICAN HIGH SCHOOL
APO AP 96343-5005

REQUEST FOR EXTENDED ABSENCE

_____ request that _____ be
Sponsor/Parent Student Name
excused from the _____ to _____ for
the following reason(s): _____ .

PER	CLASS	TEACHER	Y/N	SIGNATURE	COMMENTS
1					
2					
3					
4					
5					
6					
7					
8					

***** NOTE *** A "NO" IN THE APPROVAL COLUMN MEANS THAT THE ABSENCE IS NOT IN THE STUDENT'S BEST INTEREST AND/OR MAY ADVERSELY AFFECT HIS/HER ACADEMIC PERFORMANCE.**

PARENTS: I understand that the teachers have indicated their positions on this request. Upon review of the information above, I give my approval for the above name student to be excused from school for the time indicated. I further understand if the dates of the absence change or the plans do not materialize, the student will remain in the school. I further understand it will be the student's responsibility to contact each teacher and complete all missing work in a timely fashion as designated by each teacher.

_____ APPROVAL GRANTED _____ APPROVAL DENIED

_____ Sponsor/Parent Signature _____ Date _____ Work Phone _____ Home Phone

***** RETURN TO THE SCHOOL'S ADMINISTRATION PRIOR TO THE ABSENCE *****

<p>School Administration Use Only:</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Disapproved</p> <p>_____</p> <p>Signature, Principal or Assistant Principal</p> <p>_____</p> <p>Date</p>
