

DENBIGH BAPTIST



CHRISTIAN SCHOOL

Anticipated Absence Request

Name _____ Grade _____

Date(s) of Absence(s) _____

Homeroom Teacher _____

Detailed Reason _____

Parent's signature _____

Principal's signature _____

Excused Unexcused

A doctor's note must be attached for a medical reason.

Teachers, Please Initial By Period

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____