

**EVANSVILLE DAY SCHOOL
MIDDLE SCHOOL
SCHEDULED ABSENCE FORM**

Name _____ Date _____

1. Fill in your name, the current date, and the date(s) you will be absent.
2. A parent/guardian must give the reason for the absence and sign below.
3. You are responsible for communicating with each teacher who will provide the assignments for the classes you will be missing, and his/her signature.
4. Once all signatures have been obtained, please turn this form into the front office at least 24 hours before your planned absence.
5. Non-health related absences are strongly discouraged.

Reason for absence: _____

Dates absent: _____

Parent/Guardian signature _____ Date _____

A1 _____

A3 _____

A5 _____

A7 _____

B1 _____

B3 _____

B5 _____

B7 _____

Date received in office : _____ Initials: _____