



# Linton Hall School

## REQUEST FOR ABSENCE

Student(s) Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date(s) of absence: \_\_\_\_\_

Reason for absence: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

### Lower School Students:

This form is to be submitted to the homeroom teacher for their signature and returned to the Principal.

Signature of Homeroom Teacher \_\_\_\_\_ Date \_\_\_\_\_

### Upper School Students:

This form is to be submitted to **all** teachers listed below for signature and returned to the Principal.

	Signature	Date
Homeroom Teacher	_____	_____
English	_____	_____
Reading/Literature	_____	_____
Science	_____	_____
Math	_____	_____
Social Studies	_____	_____
Religion	_____	_____
Spanish	_____	_____

I APPROVE: [  ] I DO NOT APPROVE: [  ] the absence of this student.

Comments: \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_