



**Deep Run High School
Absence Request Form**

Student Name: _____

Grade: _____

Date(s) of absence(s) for which you are requesting approval:

Number of school days absent: _____

Reason for absence: _____

Parent/Guardian Signature: _____ Date Submitted: _____

*Parent/Guardian email: _____

PLEASE PRINT CLEARLY

*Please Note: You will be contacted by email to confirm your request and will be provided a timeline of when assignments are due.

Office Use Only

Previous Number of Principal Approved Absences this School Year: _____

Principal Approved: Yes: _____ No: _____

Work Due: _____

Notification Date

Parent/Guardian: _____

Teachers: _____

School Counselor: _____

Testing Coordinator: _____

CV 8/2019