

# ELEANOR ROOSEVELT HIGH SCHOOL

## PLANNED ABSENCE REQUEST

(this request is due FIVE (5) SCHOOL DAYS before your anticipated absence)

Date Received Stamped Here:

Print the **full name** of the student (as it appears in school records)

\_\_\_\_\_ GRADE \_\_\_\_\_

Print the **nine digit** school system **ID number** (include zeroes)

\_\_\_\_\_

Please print **each date** of requested absence (**DO NOT INCLUDE WEEKEND DATES**)

**BE SURE TO ATTACH DOCUMENTATION  
REQUESTS WITHOUT DOCUMENTATION CANNOT BE REVIEWED**

**REASON FOR ABSENCE:**

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian eMail Address \_\_\_\_\_

Parent/Guardian Daytime Phone Number \_\_\_\_\_

**RETURN COMPLETED FORM AND ANY DOCUMENTATION TO THE SCHEDULING COORDINATOR'S OFFICE**