

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