

Freedom Intermediate School

Special Circumstance Absence Request

Date of Request _____ Student Name _____

Grade _____ Homeroom _____ Dates of Absences _____

Reason for Request of Absence:

Over ten consecutive days will result in the withdrawal of the student or possible homebound status, if for medical reasons.

If the reason is medical, please attach the doctor's note verifying the medical need for extended absences.

Please read: The student will have as many days as absent to make-up the work. Teachers may give you work ahead of time, but are not required to give work until the student returns.

Parent Signature

Principal Signature

For Attendance Office

Absences Year to Date _____

Excused ___ Unexcused ___ Warranted ___