Union Ridge Elementary
Parent request for long-term absences, prearranged absences or parent / principal approved absences

Student name_____ Grade_____ Teacher_____

Date (s) of absence(s) from _____ through _____, 20____

Return date:_____

Reason for absence_____

_____

_____

_____ _____
Parent signature Date

COMPLETE & RETURN TO OFFICE

_____

Teacher approval Yes No _____
Teacher signature

Make up assignments given Yes No

If denied, please state reason_____