

MBHS PRE-APPROVE ABSENCE REQUEST FORM

(Request form must be turned in two days prior to the request date)

Number of absences prior to request date: _____ *(This section is completed by the Attendance Supervisor prior to the teacher signature/approval)*

FULL NAME: _____

CIRCLE GRADE: 10th 11th 12th

Request date of pre-approve absence and reason: _____

PARENT SIGNATURE & PHONE NUMBER: _____

		<u>Teacher Signature Required</u>
1 st	CLASS _____	Teacher Approval _____
2 nd	CLASS _____	Teacher Approval _____
3 rd	CLASS _____	Teacher Approval _____
4 th	CLASS _____	Teacher Approval _____
5 th	CLASS _____	Teacher Approval _____
6 th	CLASS _____	Teacher Approval _____
7 th	CLASS _____	Teacher Approval _____
8 th	CLASS _____	Teacher Approval _____

Once all signatures are completed, the form is turned in at the front desk.