

MAGEE MIDDLE SCHOOL

Date(s) of Absence _____ to _____

Purposes of absence _____

FACULTY RESPONSE

Subject	Period	Teacher's Full Signature	Teacher's Comments

The above information from teachers should be completed BEFORE parent's signatures are obtained.

I/We wish to have my/our child excused from school on the above dates for the purpose named.

Students must contact teachers to arrange for make-up work. Teachers will provide make-up work when possible, but and certain class experiences cannot always be repeated at an alternative time. The teacher reserves the right to determine what appropriate make-up activities are.

Parent _____ Date _____

Student _____ Date _____

RETURN TO ATTENDANCE OFFICE WHEN DONE PLEASE

Date Returned _____ **Received By** _____