



REQUEST FOR ABSENCE

Linton Hall School

Student(s) Name: _____ Grade: _____

Date(s) of absence: _____

Reason for absence: _____

Signature of Parent/Guardian: _____ Date _____

Lower School Students:

This form is to be submitted to the homeroom teacher for their signature and returned to the Principal.

Signature of Homeroom Teacher

Date

Upper School Students:

This form is to be submitted to **all** teachers listed below for signature and returned to the Principal.

Signature

Date

Homeroom Teacher

English

Reading/Literature

Science

Math

Social Studies

Religion

Spanish

I APPROVE: [] I DO NOT APPROVE: [] the absence of this student.

Comments: _____

Signature of Principal _____ Date _____