

ROCKWOOD AREA SCHOOL DISTRICT

437 SOMERSET AVENUE
ROCKWOOD, PENNSYLVANIA 15557

TELEPHONE (814) 926-4631
FAX (814) 926-2631

PARENT REQUEST FOR STUDENT ABSENCE

*** Note: This form must be submitted to the high school or elementary office with signatures from each teacher and approved prior to the date(s) of absence.**

Name of Student _____ Period 1: _____

Grade _____ Homeroom _____ Period 2: _____

Date(s) of Absence _____ Period 3: _____

Name of Parent/Legal Guardian _____ Period 4: _____

Destination/Reason for Absence _____ Period 5: _____

_____ Period 6: _____

_____ Period 7: _____

Approval for a travel-approved absence necessitates that the parents/legal guardian and student assume responsibility for the following:

_____ Period 8: _____

1. All classroom work which is covered during the absence.
2. For each day of absence, the student will be allowed one day to make up missed work up to a maximum of ten (10) days.

PARENT SIGNATURE _____

STUDENT SIGNATURE _____

(Office Use Only)

DATE SUBMITTED TO OFFICE _____ PERSONNEL INITIALS _____

PRINCIPAL'S SIGNATURE _____