

FOR OFFICE USE ONLY

Student Name: _____ Grade: _____ Date: _____

The student above has been approved for excused absences on the following dates: _____

Deadline to make up work: _____ Counselor signature: _____

**TEACHER NOTIFICATION
APPROVAL OF EXCUSED ABSENCES**

STUDENTS: Obtain teacher signatures, then return form to counselor by: _____

Period	Class	Teacher Signature
1		
2		
3		
4		
5		
6		
7		
8	Front Office – Mrs. Reid	

Student, please initial and sign:

I understand it is my responsibility to meet with each of my teachers and gather all necessary assignments and materials prior to my absence.

I understand that I am responsible for all assignments, tests, and quizzes for the dates listed above. I understand I will have one day per day of absence to make up missed work, and any work not turned in will result in a zero for each assignment.

I understand that CCA does not allow virtual attendance for class lectures, activities, assignments, or tests/quizzes.

Student Signature Date