

**PERSONAL OR FAMILY REASONS**

Name \_\_\_\_\_ Date \_\_\_\_\_

**Purpose of request**

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**Check out with each teacher AT LEAST ONE DAY AHEAD OF TIME. (Teachers: Please comment if absence is unwise if student is behind on work.)**

**Student is to RETURN THIS FORM TO THE MIDDLE SCHOOL OFFICE BEFORE LEAVING. ( A copy will be given back to the student.)**

<b>PERIOD</b>	<b>CLASS</b>	<b>TEACHER</b>	<b>ASSIGNMENT/COMMENTS</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			
<b>6</b>			
<b>7</b>			

**APPROVED BY:** \_\_\_\_\_