## MIDDLE SCHOOL ABSENCE REQUEST FORM

STAIN	Columbus School for Girls 65 S. Drexel Avenue Columbus OH 43209 (614) 252-0781 FAX: (614) 252-0571 www.columbusschoolforgirls.org	DATE(S) OF ABSENCE:  TIME FRAME from:  FULL DAY  ROTATION DAY(S) MISSED:	to: _				E	F	
<ol> <li>Complete this form.</li> <li>Bring the form to the Main Office.</li> <li>Pick up the homework form.</li> <li>Complete the Homework Form by asking teachers to provide you with the assignments you will be responsible for completing during your absence.         Please note that while the teachers make every effort to write down accurate assignments on this sheet, the assignments may change during the student's absence.     </li> </ol>									
Student's Name			_Form	l					
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Parent Signat	ure		·	Date	e				
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Parent's signature: \_\_\_\_\_\_\_Date: \_\_\_\_\_

Student's signature: \_\_\_\_\_\_Date: \_\_\_\_\_