



The Blake Lower School
Student Future Absence Form

Student first/last name: _____

Grade: _____ Teacher: _____

Number of **school** days absent: _____

Beginning: _____ through: _____

Student will return to school on: _____

Reason for absence:

Parent signature

Date

Teacher signature

LS Director signature

Date

Date

Submit this form to the Office Manager at least one week in advance of the anticipated absence.