

Anticipated Absence Form

Parkview Academy of Virtual Education

Student Name : _____	Grade: _____
Phone Number: _____	
Date(s) of anticipated absence: _____ to _____	
Reason for anticipated absence: _____ _____	

Under State Statute 118.15(3)(c), a student is excused from school if his/her parent/guardian submits a written excuse to the school prior to the student's absence from school. A student may not be excused under this provision for more than 10 days in the school year.

Please contact the building principal if you have any questions.

I have read and understand the above information.

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY	
<input type="checkbox"/> Approved for _____ days	<input type="checkbox"/> Not Approved
_____ Principal Signature	_____ Date