## Newberg High School Request to Pre-Excuse Secondary School Extended Absence

**Section 1:** To be completed and returned to the main office at least <u>ONE WEEK</u> before the planned absence. <u>Please PRINT clearly.</u> <u>Not valid without parent signature.</u>

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Student:		ID#		Colleg	e Visit
Dates of Absence:				Medical	
				Family Trip	
Parent/Guardian Name:				Other	(please write
Parent/Guardian Phone #					reason below)
Parent/Guardian email:					
Parent/Guardian Signature:					
Section 2: To be completed by the teachers.					
	Teacher				Current
Period	Initials	Comments			Grade
Advisory					
1					
2					
3					
4					
5					
6					
7					
8					
Section 3: To be completed by the school administrator or attendance designee.  Administrator reviewed:					
			Date:		
Administra	tor Signature				

Administrator Signature
CC: Parent/Guardian, Counselor, Attendance