

GORHAM MIDDLE & HIGH SCHOOL

**EXTENDED ABSENCE REQUEST/NOTIFICATION**

**PARENT/GUARDIAN:**

Please fill out the information requested below and have your child bring this form to all of his/her teachers.

My child, \_\_\_\_\_, will be absent from school from \_\_\_\_\_ to \_\_\_\_\_ and will be missing \_\_\_\_\_ days of school.

*The teachers will decide when and how the work is to be completed.*

\_\_\_\_\_  
Parent Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**TEACHER:**

On the spaces provided below, please indicate that you have spoken to this student by signing in the appropriate space provided.

Period/ Block	Teacher Signature	Comments
1		
2		
3		
4		
5		
6		
7		

Please return this form to the School Counseling Office as soon as possible.