



Hialeah  Homestead  InterAmerican  Kendall  Medical  North  West  Wolfson



**NAME** \_\_\_\_\_ **ID NUMBER** \_\_\_\_\_

## Notice of Class Absence Due to Activities

*Reason for Absence (50 words or less)* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Permission to Make Up Class Work Missed During Absence*

Date of Absence \_\_\_\_\_

Sequence Number	Instructor	Approved	Rejected	Signature of Instructor

Instruction to students:

1. List the classes by sequence number and instructor that you will miss during your absence.
2. Contact your instructor(s) for class assignments and to secure permission to make up class work missed.
3. Obtain the signature of your Club Advisor or Faculty / Staff Chaperone for the event.
4. Return the completed form to the Director of Student Life no later than two weeks prior to the date of absence.

\_\_\_\_\_  
 Club Advisor Faculty/Staff Chaperone

\_\_\_\_\_  
 Date