

APPENDIX A
CENTENNIAL HIGH SCHOOL

- ◇ EXTENDED ABSENCE REQUEST
- ◇ EARLY FINAL EXAM REQUEST

NAME _____ GRADE _____ ID _____

Date of Request _____ First date of absence _____ Date of return _____

In detail please explain the reason for:

Extended Absence Request _____

Early Final Exam Request _____

REQUIRED: Teacher, Counselor and Administrator approval prior to Extended Absence/Early Final Exam

PERIOD	CLASS	TEACHER SIGNATURE	COMMENTS/CONCERNS	DATE STUDENT TO TAKE TEST
1/21				
2/28				
3/23				
4/24				
5/25				
6/26				
7/27				
8/28				
9/29	Advisory			

Student Signature _____ Parent Signature _____ Date _____

Admin Signature _____ Counselor Signature _____ Date _____