

REQUEST FOR LEAVING CLASS  
Poston II School

Date \_\_\_\_\_

To teachers concerned:

I, \_\_\_\_\_, request permission to be absent from  
class on \_\_\_\_\_ in order to \_\_\_\_\_.  
I am willing to make up studies missed.

	Teachers	Period
Advisor _____	_____	_____
Approved _____	_____	_____
	_____	_____
	_____	_____

To the student: After proper teacher's signatures are obtained please return to the office.