

Fruitport High School Attendance Request Form

Student Name: _____

Grade: _____

Date of Absence: _____

Parents must call the Attendance Office to have an explained absence (EX) the day of the absence.

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Signature: _____

Complete one section below for the type of school-related absence you are requesting:

COLLEGE VISITATION ABSENCE -----

Name of College: _____

College Representative Name: _____

Phone Number: _____

College Representative Signature: _____

MILITARY ABSENCE -----

Military Branch: _____

Recruiter Name: _____

Phone Number: _____

Recruiter Signature: _____

JOB SHADOW ABSENCE -----

Location of Job Shadow: _____

Mentor Name: _____

Phone Number: _____

Mentor Signature: _____

Describe Activity:

After your absence, return this form to the Counseling Office for final approval.

Fruitport High School Counselor Signature: _____ Date: _____

This must be turned in within two days after the absence for the absence to be marked school related.

Fruitport High School Counseling Office