

801 S. Main Street
La Moille, IL 61330
(815) 490-7086
FAX (815) 605-1320

STUDENT PRE-APPROVED ABSENCE REQUEST

Parent Name: _____

Date(s) of Absence: _____

Reason for Absence (i.e.: out of town, court, family event, etc.):

While this will be communicated to faculty, keep in mind that it is the responsibility of the student to gather work to take, as it is available.

Student(s) that will be absent. Please list all students that will be out, including attendees of La Moille Jr./Sr. High School and Allen Grade School:

Today's Date

Parent/Guardian Signature

____ Request Accepted
____ Request Denied

Today's Date

Principal's Signature