

**Highland School
Anticipated Absence Form
Prior Approval Required**

Student: _____

Date(s) of Absence: _____

**This form *must* be completed in the designated order
and submitted to the Upper School Office
*at least one (1) day prior to the expected absence.***

1. Reason for Absence:

2. Parental Approval: _____

3. Dean of Students' Approval: _____

4. Please obtain signatures from all teachers and your advisor:

Teachers:	A _____	E _____
	B _____	F _____
	C _____	G _____
	D _____	H _____

Advisor: _____

5. Upper School Office: _____

Received by

Date