

Orangeburg Preparatory Schools, Inc.

Student Anticipated Absence / Early Dismissal / Absence Form

Student's Name: _____ Grade: _____ Date of Form: _____

Anticipated Absence

My child, (insert name) _____, **will be absent** on the following day(s):
_____.

OR

Early Dismissal

I am requesting that my child, (insert name) _____, **be dismissed early** from school on the following date, _____, at _____ am / pm.
My child (circle one) will / will not be returning to school that day at _____ am / pm.

OR

Absence

My child, (insert name) _____, **was absent** on the following day(s):
_____.

Reason for Absence or Early Dismissal: Medical Appointment Illness Out of Town

College Visit Family Funeral (please indicate relationship): _____

Other: (please explain) _____

Parent's Signature

Date

Please return all medical excuses and college visit confirmations **within 2 days** of student's return to school. This form must be completed and turned in to Student Services prior to the first day of an anticipated absence.

For early dismissal, complete and turn in this form to Student Services before school or during homeroom.

OFFICE USE ONLY

Excused Unexcused

Documentation / Medical Excuse Returned: Yes No Date Received: _____

Staff/Administrator's Signature

Date

*The administration encourages students to keep absences and dismissals at a minimum.
Parents and students are reminded that absences may affect academic achievement.*

*If an absence or dismissal is necessary, each student is responsible for obtaining and completing all assignments.
Students should check assignments on Edline, make arrangements with the teacher in advance, or contact a classmate.*

Period	Teacher's Signature	Notes from teacher
1st		
2nd		
3rd		
4th		
5th		
6th		
7th		

7th period teacher or last teacher to sign—Please return form to Student Services at end of the day.

Revised 7/19/11