

This form needs to be filled out, signed, and handed into your CCRESA Instructor at least 2 days prior to the date of the event or no later than 2 days afterward.

1 Student per form

Student's Name:		Program:	AM / PM
Local School District:		Date of Absence:	
Student will Miss: Page 1	artial Class Period - Rele	ease Student at:dent will arrive at:	
Reason for Absence:	□ College Visit□ Class Field Trip□ Other HS Activity –	☐ Athletic Event ☐ MEAP Test - Please Specify:	
Student's Signature:		Date:	
HS Principal's Signature:		Date:	