

Class Release Request for Excused Absence

To: Faculty/Staff/School Site Coordinator

From: _____, Student Intern
(Print Name)

Internship Site: _____

Faculty/Staff:

Occasionally there are activities/meetings related to internship/I.C.E. at the student's internship site that require him/her to miss a day of class. This request form requires signatures from all teachers and is a legitimate request. It is the student's responsibility to make up all work from missed classes.

Date(s) student will be absent: _____ Period(s): _____

Detailed reason: _____

Signature of Internship Site Mentor: _____

Period 1: _____ Faculty Approval: _____
(Name of class) (signature)

Period 2: _____ Faculty Approval: _____
(Name of class) (signature)

Period 3: _____ Faculty Approval: _____
(Name of class) (signature)

Period 4: _____ Faculty Approval: _____
(Name of class) (signature)

Period 5: _____ Faculty Approval: _____
(Name of class) (signature)

I grant my permission for my son/daughter to be absent from the class(es) listed above.

Parent/Guardian Signature: _____ Date: _____

School Site Coordinator: _____ Date: _____

Administrator Signature: _____ Date: _____