

**OYSTER RIVER COOPERATIVE SCHOOL DISTRICT
OYSTER RIVER HIGH SCHOOL, 55 COE DRIVE, DURHAM, NH 03824
REQUEST FOR EXTENDED STUDENT ABSENCE FORM**

This form should be completed and returned to the building principal **TWO (2) WEEKS** before expected absence.

Student Name: _____

Dates of Requested Absences: _____ to _____

Description of Need for Absences: _____

Student has communicated with the following teachers for work due and assigned during the expected absences:

<u>Period</u>	<u>Course</u>	<u>Teacher's Signature</u>	<u>Concerns Regarding These Absences?:</u>
_____	_____	_____	No or Yes: Why _____
_____	_____	_____	No or Yes: Why _____
_____	_____	_____	No or Yes: Why _____
_____	_____	_____	No or Yes: Why _____
_____	_____	_____	No or Yes: Why _____
_____	_____	_____	No or Yes: Why _____

Signature of Parent/Guardian after Teachers' Signatures _____

Date _____

Principal Signature: _____

Date: _____ Approval Granted? **Yes or No**

Parents have notified the front office for attendance purposes. **Yes or No**

Student must return this completed form to the Counseling Office prior to expected absences.