

Hesperia Unified School District Sultana High School ABSENCE PERMIT - STUDENT ACTIVITY

**Please have all signatures by teachers and bookkeeper before you
turn into ASB**

Date of Absence: _____

Activities Office Approval: _____

ASB Bookkeeper Approval: _____

Student, _____ is permitted to be absent from periods
indicated below, subject to the approval of teachers.

Reason for Absence: _____

Issued by: _____

IS THIS STUDENT CLEARED FROM YOUR CLASS?

TEACHERS: PLEASE NOTE THAT IF THE STUDENT LISTED ABOVE HAS A
FAILING GRADE IN YOUR CLASS, YOU **MUST** CIRCLE **NO**.

	<u>Subject</u>	<u>Teacher</u>	
Period 1	_____	_____	Yes NO/F
Period 2	_____	_____	Yes NO/F
Period 3	_____	_____	Yes NO/F
Period 4	_____	_____	Yes NO/F
Period 5	_____	_____	Yes NO/F
Period 6	_____	_____	Yes NO/F