

Anticipated or Extended Release Form

I, _____, request the release of _____
(parent/guardian) (child/children)

from Saint Joseph Grade School on _____. I understand that class time is
(date)

valuable and realistically can not be duplicated for my child after an absence, nor will
assignments be sent in advance.

Upon the student's return, I understand it is my responsibility to contact the teacher to
receive and oversee the completion of all missed class work and assignments. We
anticipate that our child/children will be absent from class for _____ days.
(number)

(parent/guardian signature)

(principal's signature)

(date)