



Office Use Only
A.M. Session _____
P.M. Session _____
Date Received in Office _____

School Activity Absence Request

This form must be completed and returned to the Attendance Office **before activity date** to avoid penalty for absence. If this form is NOT turned in the absence will be counted as unexcused.

Student _____ Date of Absence: _____

CIRCLE YOUR HOME SCHOOL

Bowling Green Clopton Elsberry Louisiana Troy Silex Winfield

CIRCLE PROGRAM YOU ATTEND

*Admin. Business Auto Collision Auto Services Building Trades
Computer Networking Diesel Mechanics Digital Design Health Sciences Welding*

SCHOOL ACTIVITY/REASON FOR ABSENCE

APPROVED BY: **MUST HAVE ALL SIGNATURES**

PLTC Instructor Signature

Club Advisor or Coach Signature

PLTC Director Signature

High School Principal Signature

PLTC Attendance Counselor