



Inverness Middle School



1950 US Highway 41 North

Inverness, FL 34450

Office: (352) 726-1471

Fax: (352) 249-2133

PRE-APPROVED ABSENCE FORM

(Complete and Give to Data Secretary, Alva Lamb – TWO weeks in advance)

Date: _____

Student ID#: _____

PRINT – Student’s Full Name: _____

Please be advised that my child will be absent from school on
____/____/____ and return to school on ____/____/____

Reason for Absence (attach documentation if necessary):

- This student is responsible for obtaining work prior to leaving and having the work completed upon returning to school (unless communicated otherwise by teacher).
- It is the responsibility of the student and parent/guardian to be aware of all absences.

Parent/Guardian Signature: _____ Date: _____

PRINT Parent/Guardian Name: _____

Parent/Guardian Contact Number: _____

Teacher Signature: 1st Period _____

2nd Period _____

3rd Period _____

4th Period _____

5th Period _____

6th Period _____

7th Period _____

***** Office Use Only*****

Approved: _____ Denied: _____ Code: _____

Data Secretary Signature: _____ Date: _____

Administrator Signature: _____ Date: _____