

Johnsonburg Area High School

315 High School Road • Johnsonburg, Pennsylvania 15845
High School- (814)965-2556 • FAX (814)965-2776

Parental Request for Student Absence

Educational Trip Job Shadow College Visit

Student Name:	Grade Level:
Parent Name:	Date Of Request:

Dates Requested to be excused:

Destination/School/Place of Employment:	Appointment Time: (If applicable)

For Job Shadowing Only	
Name of Person Shadowing:	Occupation:

Parent Signature:	Date:
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Principal Signature:	Date:
Counselor Signature : (Job Shadow Only)	Date:

Teacher Acknowledgement

Teachers of the classes you will miss must sign this form to acknowledge you will be absent on the dates listed above.
You are responsible for any missed work.

Period 1		Period 2	
Period 3		Period 4	
Period 5A		Period 6	
Period 7		Period 8	

Forms should be completed 2 days prior to absence. Days excused on this form will be considered Excused Absences.