



SAN GABRIEL ACADEMY EXCUSED ABSENCE PETITION

8827 E. Broadway, San Gabriel, CA 91776 (626) 292-1156 www.sangabrielacademy.org

Today's Date: / /

You may staple doctor's notes or other documentation to this form.

STUDENT INFORMATION

Student Last Name

First Name

Date(s) of Absence:

Reason for Absence:

You must obtain the following signature before proceeding to collect the rest.

Administration Representative Signature _____ Date ____ / ____ / ____

Pre-arranged absences must obtain initials of the teacher/supervisor whose class(es) you will miss

_____ 1st Period _____ 2nd Period _____ 3rd Period _____ 4th Period

_____ 5th Period _____ 6th Period _____ 7th Period _____ Other

Student Signature _____ Date ____ / ____ / ____

Legal Guardian Signature _____ Date ____ / ____ / ____

OFFICE USE ONLY: Approved Denied Reason:

By: