**Student Absence Form**

Name of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of absence(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teachers who need notification:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TS:\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TS:\_\_\_\_\_\_\_\_\_\_\_\_
3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TS:\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:

1. Please print, have your student notify their teacher(s), and obtain their initial’s then email the director.
2. Please email here: trinityhsacademy@gmail.com