ISD Sponsored Activities Absence Form  
(Valid only for activities related to credit courses or ISD athletics)

Please list all scheduled class meetings that will be missed due to the criteria above.

Event & ISD Name: ________________________________  Event Date: ____________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Course # Section #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: 3/26/2012</td>
<td>Example: 8:AM</td>
<td>Example: Engl-1301</td>
</tr>
</tbody>
</table>

NOTE: This form must be completed and turned in to the course instructor no less than one week prior to the intended absence(s). It is solely the student’s responsibility obtain the high school counselor’s signature first, and then to turn in the form to his or her instructor for approval. The instructor will approve or disapprove, and then return the form to the student who must return the completed form to the high school counselor.

High School Counselor Signature of Confirmation:

Signature: _____________________________ Date: ____________

Print name: _____________________________ Email: _____________________________

Student Signature

Signature: _____________________________ Date: ____________

Print name: _____________________________ Email: _____________________________

Instructor Signature

Signature: _____________________________ Date: ____________

Print name: _____________________________ Email: _____________________________

☐ Approved  ☐ Not Approved

If not approved, state the reason(s) below: