FOWLERVILLE HIGH SCHOOL PERMIT FOR STUDENTS TO BE ABSENT FROM SCHOOL COLLEGE VISIT OR JOB SHADOW

Name:	Date(s) Of Planned Absence College Visit: Job Shadow: Address of job: Time (School hours):						
				"School	l Business".	·	parent/parents it will be recorded as
				unexcu	sed.	-	es in advance, the absences will be
<u>Please</u>	<i>note</i> : this absence w	vill count against the semester 2	"Senior Exam Policy".				
he/sh and e	ne must have filled in the excused.	is from three days prior to the intend	m school other than illness or for an emergency, ded absence in order for the absence to be valid				
		st the dates he/she will be absent.	.+				
			nt. parents have signed this form, please return to				
	The form must ther	n be signed by your counselor. If yo	ou need a copy, we will make a copy and keep				
		student folder in the attendance offi a representative of Fowlerville High	ice. School and all handbook policies apply.				
DIRECT	IONS TO TEACHER:	The teacher should list the assignm	nents that the student will miss while he/she is				
DIRECT	IONS TO PARENTS:	The parents should sign this form w	nould be made up prior to the absences. /hich indicates that they approve of the student's the work and instruction time the student will				
miss	while he/she is away.		form which indicates the appropriate procedure				
	een followed.	K. The counselor should sign this is	om which indicates the appropriate procedure				
HR	CLASS	ASSIGNMENT	TEACHER				
1							
2							
3							
4							
_							
_							
You are	e allowed two college	visits/job shadow absences as a	a Junior and two as a Senior.				
Signa	iture of Parent	 Signati	ure of Counselor				