

ABSENTEE FORM

Athletes Name: _____

Phone Number: _____ Team(s): _____

Parents Name: _____

Type of Absence Requested (MUST LIST):

- Sick Vacation Emergency School Cheerleading
- Funeral School Sport Graded School Activity Other: _____

Date(s) Absent: From: _____ To: _____

Reason for Absense: _____

You MUST submit requests for absences, other than sick leave. ONE MONTH prior to first day you will be absent.

Cheerleaders Signature

Date

Coach Approval:

- Approved Comments: _____
- Rejected

Coaches Signature

Date

*Reminder: The week of a competition, team practices are MANDATORY☺



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