

Liberty Absence/Substitute Request Form

Absence Request Information:			
Student Name:	Home #:		
Date of Absence(s):	Team:	Coach:	
Parent's Name:	Email:	Cell #:	
Circle One: Contagious Illness / School Cheer Function/ Death in Family/ Summer Activity/ School Grade			
Description of Absence:			

Substitute Athlete Information:	
Athlete Team:	Sub Name:
Practice Date & Time:	
Position Needed: Main / Side / Back / Flyer	
Sub #:	Sub Email:

Liberty Absence Policies:
<p>Go to the 2017-18 All Star Cheer Handbook for Liberty's Absence Policies. https://docs.google.com/document/d/16tGV4cfEI0Y57KAkxhvOf_T6BC7Nh9GOfJqHdcdCjGY/pub</p>
<p>Parent Signature : _____ Date: __/__/__</p>

**Submitting this form is not an approval for your request to be absent, please allow 24-48 hrs. to receive an approval or denial from your athlete's coach. Also, please complete at least 2 weeks in advance.*

OFFICE USE ONLY (CIRCLE ONE) : APPROVED / DENIED