Liberty Absence/Substitute Request Form

	Absence Request Informati	on:
Student Name:		Home #:
Date of Absence(s):	Team:	Coach:
Parent's Name:	Email:	Cell #:
	hool Cheer Function/ Death in Fam	nily/ Summer Activity/ School Grade
Description of Absence:		
	Substitute Athlete Informat	ion:
Athlete Team:	Sub Name:	
Practice Date & Time:	Jub Ivaille.	
Position Needed: Main / Side /	Rack / Flyer	
Sub #:	Sub Email:	
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	Liberty Absence Policies	
	O All Star Cheer Handbook for Li	
Parent Signature :		Date://

OFFICE USE ONLY (CIRCLE ONE): APPROVED / DENIED

^{*}Submitting this form in 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.