Conroe High School
Parent Request for Pre-Approved Absence

As the parent, or legal guardian, of ________________________ who attends Conroe High School, in the ___ grade, I request approval for ____ days of excused absence from school for the following reason: ________________________

________________________________________________________________________

Dates of absence:
________________________________________________________________________

• • • • • • • • • • • • • • • • • • • • FOR TEACHER USE ONLY • • • • • • • • •
Current progress in class is ☐ satisfactory ☐ unsatisfactory
Language Arts teacher name ______________________________
Comments: __________________________________________________________________

Current progress in class is ☐ satisfactory ☐ unsatisfactory
Math teacher ______________________________
Comments: __________________________________________________________________

• • • • • • • • • • • • • • • • • • • • FOR AP OFFICE USE ONLY • • • • • • • • •
Number of days already used by this student as excused _____ unexcused_____

Check one:
☐ Request granted
☐ Request not granted but the student will be permitted to make up all school work which is missed.
☐ Request not granted
☐ Parent notified
Comments: __________________________________________________________________

________________________________________________________________________

Principal ___________________________ Date _________________________