



SCHOOL RELATED ABSENCE FORM

Student Name: _____ Grade: _____

DATE OF ABSENCE: _____

Parents must call the Attendance Office (517-540-8311) to have an EXP (explained absence) before the absence.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Phone Number: _____

Complete the section below for the type of SCHOOL RELATED ABSENCE you are requesting.

COLLEGE VISITATION ABSENCE

Name of College: _____

College Rep Name: _____ Phone Number: _____

College Rep Signature: _____

MILITARY ABSENCE

Military Branch: _____

Recruiter Name: _____ Phone Number: _____

Recruiter Signature: _____

JOB SHADOWING ABSENCE

Describe Activity: _____

INTERNATIONAL EXCHANGE STUDENT ABSENCE

Describe Activity: _____

After your absence, return this form to the Counseling Office for your counselor's approval.

HOWELL HIGH SCHOOL COUNSELOR SIGNATURE: _____