

GORHAM HIGH SCHOOL
ATTENDANCE WAIVER REQUEST FORM

Student Name: _____

Parent Name: _____

Address: _____

Telephone #: _____ Date: _____

I _____, parent/guardian of _____, am requesting a waiver for my student. He/She was absent from school for the reasons listed below. (Please specify dates, i.e. "Funeral Sept. 15," "Dentist appointment Oct. 7," "Strep throat Dec. 12-16.")

Be sure to attach any supportive documentation for the specific dates you request to have waived.

Please return your completed form to the Main Office.

Parent's Signature

Chris Record, Principal
Kim Slipp, Assistant Principal
Charlie Tryder, Assistant Principal
222-1100