

ADVANCE MAKE-UP SLIP

Student Name: _____

Dates to be Absent : _____

Previous Amount of Unexcused Absences: _____

Previous Amounts of Unexcused Tardies: _____

Parents Signature: _____

Reason for Absence: _____

Class Session	Assignment	Instructor

- **It is the students responsibility to return this form to the attendance office, failure to return to the attendance office will not excuse your absences.**