



# BEDFORD NORTH LAWRENCE HIGH SCHOOL

595 North Stars Boulevard  
Bedford, IN 47421  
(812) 279-9756 – FAX (812) 279-9304

## ADMINISTRATIVE LEAVE REQUEST

### Absence Request for Students

Student \_\_\_\_\_ Date of Request \_\_\_\_\_

Dates to be absent from school \_\_\_\_\_

Reason for request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature or Note attached

I understand it is my responsibility to obtain my assignments and return them prior to my absence.  
**On my return to school, I must submit verification of my participation in the approved activity** or my absence will remain unexcused.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Administrator's Signature

Absence -- Excused      Unexcused  
Verification received \_\_\_\_\_ (Office use)

### Teachers' Signatures

### Date Notified

Period 1 \_\_\_\_\_

\_\_\_\_\_

Period 2 \_\_\_\_\_

\_\_\_\_\_

Period 3 \_\_\_\_\_

\_\_\_\_\_

Period 4 \_\_\_\_\_

\_\_\_\_\_

Period 5 \_\_\_\_\_

\_\_\_\_\_

Period 6 \_\_\_\_\_

\_\_\_\_\_

Period 7 \_\_\_\_\_

\_\_\_\_\_

Period 8 \_\_\_\_\_

\_\_\_\_\_

Counselor's Signature \_\_\_\_\_

\_\_\_\_\_