

# BOZEMAN HIGH SCHOOL

## REQUEST FOR ADVANCE MAKE-UP FOR AN ACTIVITY

**TEACHERS:**

If there is a reason why this student should not be allowed to participate in this activity, please notify sponsor immediately. Please initial your class period and list any assignments that will need to be made up during absence.

STUDENT'S NAME: \_\_\_\_\_

DATE OF ABSENCE: \_\_\_\_\_ FOR CLASS PERIODS: \_\_\_\_\_

NAME OF ACTIVITY: \_\_\_\_\_

NAME OF SPONSOR: \_\_\_\_\_

	Assignment	Assignment Due	Teacher's Initial
Period #1			
Period #2			
Period #3			
Period #4			
Period #5			
Period #6			
Period #7			
Period #8			

COMMENTS: \_\_\_\_\_  
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