



Cedar Grove-Belgium Middle School

50 West Union Avenue, Cedar Grove, WI 53013
Middle School Phone: 920-668-8518 or Toll Free: 877-280-7361

Student Anticipated Absence

We wish to withdraw our child _____

From school on the following dates: _____ *to* _____

For the following reason: _____

We understand they will be responsible for all homework and tests missed. We understand that they will take this responsibility upon themselves to contact the teachers involved and get these assignments and turn them in.

Parent Signature: _____ *Note on file in office: YES NO*

***Please notify the office at ext.226 directly so that a record can be made of the anticipated absence(s).*

Class: _____

Assignment: _____

Class: _____

Assignment: _____

Class: _____

Assignment: _____

Class: _____

Assignment: _____

Class: _____

Assignment: _____

Class: _____

Assignment: _____
