

**Anticipated Absence Form**  
ODIN PUBLIC SCHOOL District 722  
102 South Merritt Street  
Odin, IL 62870  
618 775 8266

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date Leaving: \_\_\_\_\_ Date Returning: \_\_\_\_\_

Expected Schools Days Absent: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

<u>Period</u>	<u>Subject</u>	<u>Schedule Assignment</u>	<u>Teacher's Signature</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____

Turn this in to the main office after completion.