

# UPWARD BOUND ABSENCE REPORT

I will be/was absent from Upward Bound on \_\_\_\_\_, 20\_\_\_\_  
Month Date

because of:

Illness

School Activity  
(see below)

Other (please specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Student's Printed Name: \_\_\_\_\_

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**Have your sponsor complete the following if your absence was because of a school activity.**

\_\_\_\_\_, an Upward Bound participant, has said that he/she will be absent from Upward Bound on the above date because of participating in the following activity:

\_\_\_\_\_.

Your name was given to us as a sponsor of the activity.

To verify the student's participation in this activity, please fill out the following information.

**SIGNATURE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_

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*Received by the Upward Bound office on \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_.*

*Staff initials* \_\_\_\_\_