UPWARD BOUND ABSENCE REPORT

I will be/was absent from Upward Bound on ____________ ____________, 20____

because of:

( ) Illness

( ) School Activity

( ) Other (please specify)

(see below)

Date:_________________ Student's Signature:__________________________

Student’s Printed Name:___________________________________________

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:________________________________________________

Received by the Upward Bound office on ______/_______/20______

Staff initials ________