

ABSENCE REPORT

**Due in UBMS Office by 4:00pm
the Monday prior to Saturday**

I will be absent from UBMS Saturday Academy on :

.....

Month Day

because of:

Illness School Activity Other (please specify)

If ill & turned in after deadline send a text or call 660-541-3967 (see below)

Date: _____

Student's Signature: _____

Student's Printed Name: _____

Have your event sponsor/coach or UBMS mentor complete the following if your absence was because of a school activity.

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

Your name was give to us as a sponsor/coach/mentor to verify the student's participation in this activity, please fill out the following information.

ACTIVITY: _____

SIGNATURE: _____

NAME (PRINTED): _____

POSITION: _____

TODAY'S DATE: _____



Recived by Upward Bound Math/Science office on
____/____/20____.

Staff initials: _____