

Assista	Pri tant Principal: Jimn ant Principal: Timot nt Principal: Allison	hy Light · Assist	istant Princi ant Principa	al: Christy R	ankin	
DUEL ENI	ROLLMENT A	DVANCE AI	BSENCE	REQUES	T	
Student Last Name:		_ First Nam	ie:		Middlo	e Init:
Student ID #	Grade:	Teleph	one #: _			
The above named studen enrollment classes endin	-	ted permis	sion to l	be absen	it due to his	/her dual
Starting Date: /	/ Endi	ng Date:	/	/	Time:	AM/PM
PARENTS: I understand th has my permission to be al the next semester.						•
Parent Signature:						
Administrator's Signatur	'e:					
INSTRUCTIONS TO STUD	<u>ENT</u> :					

- 1. Obtain signatures from your Duel Enrollment teachers and Administrator signature.
- 2. Return this form complete with teacher and administrator signatures to Student Services.

STUDENTS SCHEDULE						
PERIOD	TEACHER NAME	CLASS	TEACHER'S SIGNATURE			
1						
2						
3						
4						
5						
6						
7						