

(813) 346-6000 FAX: (813) 346-6091

Principal – Robyn White Assistant Principal: Krystal Packard • Assistant Principal: Christy Rankin Assistant Principal: Allison Taylor • Assistant Principal: Diamela Vergne

ADVANCED REQUEST FOR ABSENCES on the day of your AP Exam

NAME: \$1	TUDENT #		GRADE:
EXAM (1) NAME OF EXAM:		DATE OF EXAM:	_ Test Time
PERIODS YOU WILL REMAIN HOME:	THROUGH		
EXAM (2) NAME OF EXAM:		DATE OF EXAM:	_ Test Time
PERIODS YOU WILL REMAIN HOME:	THROUGH		
EXAM (3) NAME OF EXAM:		DATE OF EXAM:	_ Test Time
PERIODS YOU WILL REMAIN HOME:	THROUGH		
EXAM (4) NAME OF EXAM:		DATE OF EXAM:	_ Test Time
PERIODS YOU WILL REMAIN HOME:	THROUGH		
PARENTS: I give my permission for my child to stay Advanced Placement (AP) Exam. I understand that my students are responsible for any missed class material	child is respor	nsible to arrive on time for the	
PARENT SIGNATURE:		DATE:	
ADMINISTRATOR SIGNATURE:			
TEACHER SIGNATURES:			
PERIOD (1)	PERIOD (2	2)	
PERIOD (3)	PERIOD (4	3)	
PERIOD (5)	PERIOD (6	3)	
PERIOD (7)			