



# SPAULDING HIGH SCHOOL

and  
**R. W. CRETEAU REGIONAL TECHNOLOGY CENTER**  
 130 Wakefield Street, Rochester, New Hampshire 03867  
 (603) 332-0757 fax (603) 330-0251 [www.rochesterschools.com/SHS](http://www.rochesterschools.com/SHS)



Robert Seaward  
Principal

Katherine Zacharias    Ryan Kaplan    Paul Newell    Dave Bennett    Dave Robbins    Lori LaBranche    Kevin Hebert  
 Assistant Principal    Assistant Principal    Assistant Principal    Assistant Principal    CTE Director    Special Ed. Coord.    Athletic Dir.

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Request Dates FROM: \_\_\_\_\_ TO: \_\_\_\_\_

May not have more than 5 days excused for a family vacation per school year. Total School Days Absent: \_\_\_\_\_

- Step 1-Student complete information above-name/ID#/Grade/Address/Dates Requested/Total Days Absent
- Step 2-Have your Teachers for each class complete academic information below
- Step 3-Parent signature and student signature required first
- Step 4-Student brings form to Guidance Councilor for signature
- Step 5-Guidance Councilor signs and gives form to Administration
- Step 6-Administration approval/signature
- Step 7-Attendance excused in Infinite Campus

The above named student is requesting an excused absence from school. Each teacher is asked to indicate this student's current academic performance.

SUBJECT: _____	CURRENT AVERAGE: _____
COMMENTS: _____	TEACHER'S SIGNATURE: _____
SUBJECT: _____	CURRENT AVERAGE: _____
COMMENTS: _____	TEACHER'S SIGNATURE: _____
SUBJECT: _____	CURRENT AVERAGE: _____
COMMENTS: _____	TEACHER'S SIGNATURE: _____
SUBJECT: _____	CURRENT AVERAGE: _____
COMMENTS: _____	TEACHER'S SIGNATURE: _____

STUDENT SIGNATURE: \_\_\_\_\_ GUIDANCE SIGNATURE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ ADMINISTRATOR SIGNATURE: \_\_\_\_\_