

Rockford Iqra School

5925 Darlene Dr. Rockford, IL 61109

(815) 397-6899



Extended Absence Form

Parents, if you are filling this form out electronically, please save and email to office@rockfordiqraschool.com

My son/ daughter _____ in grade _____

will be absent from school beginning _____ and will return on _____

for the following reason(s):

I acknowledge that I have read Rockford Iqra School Attendance Policy included in the latest edition of the Parent's Handbook on pages 13-15 (our handbook can be found on our website). I also acknowledge my responsibility in making sure that my son/daughter completes all his/her missed school-related work.

Parent's Name: _____

Parent's Signature

Date

*Typing your name counts as an electronic signature

For office use only:

Student began leave on _____ Student returned to school on _____
Date Date

Leave approved

NOT approved

Principal's Signature _____ Date _____