

**LINCOLN MEMORIAL UNIVERSITY
UPWARD BOUND
ABSENCE REPORT**

Name: _____ Date: _____

School: _____ Date Absent: _____

PLEASE CHECK THE REASON FOR ABSENCE:

Family Related _____ Sick _____

School Related _____ Other _____

Brief Explanation of Absence:

Parent/Guardian Signature _____ Date _____

UPWARD BOUND STAFF USE ONLY

Absence Excused: Yes _____ No _____

If not excused, why?

Number of Unexcused Absences _____

Was Student Notified? _____ Date: _____

Were Parents Notified? _____ Date: _____