



S U D B U R Y  
SECONDARY SCHOOL

### HIGH PERFORMANCE

*Request to have experiential activities not affect absenteeism.*

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Major: \_\_\_\_\_

Activity: \_\_\_\_\_

Rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(include schedule if necessary)

If approved by administration, dates missed for high performance will NOT count against the student for exam recommendations. Once all information is filled out, please return to Administration for a signature.

Administration Signature: \_\_\_\_\_ Date: \_\_\_\_\_

