

# Upward Bound Excuse Form

Date mailed: \_\_\_\_\_ Date received in office \_\_\_\_\_

The following information must be submitted to the Upward Bound office within (5) days from the date of absence before a stipend will be released.

The monthly stipend of \$40.00 will be prorated by the participant's attendance of meetings during the previous month; the amount of unexcused absences will be deducted from the check.

\_\_\_\_\_ was absent from Upward Bound \_\_\_\_\_  
(student's name) (date of absence)

FOR THE FOLLOWING REASON(S):

\_\_\_\_\_ School activity/event \_\_\_\_\_ Activity/event rehearsal  
Name activity/rehearsal \_\_\_\_\_  
\_\_\_\_\_  
(Counselor or Principal signature)

\_\_\_\_\_ Illness (home confined) \_\_\_\_\_ Death (immediate family)  
\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_ Illness (doctor visitation). Attach statement signed by physician or copy of receipt.

\_\_\_\_\_ Other \_\_\_\_\_

MAIL TO: Upward Bound, P.O. Box 9283, Magnolia, AR 71754-9283