

PLANNED ABSENCE FORM

Please turn in to the Main Office at least 3 days prior to the absence.

STUDENT

_____ (Student's Name) _____ (Grade)

Date(s) Absent from School: _____

Reason for Absence: _____

PARENT

PARENT'S ACKNOWLEDGEMENT:

It is the responsibility of the student to secure, complete, and turn in to the teachers, the make-up work for the classes to be missed. In most cases, this should be done prior to the absence. It is the responsibility of the teacher to provide assignments, including make-up tests, for the classes to be missed, and to grant full credit for the work submitted.

The student will be accompanied by: none one both parents

(Parent/Guardian Signature)

ADMIN

Administration will make a call home to the student's parent/guardian, if need be, for approval of the absence.

(Associate Principal's Signature)

If this absence will count against finals, Administrator please initial here: _____

COUNSELOR

Receive signature from Counselor acknowledging approval of the absence.

(Counselor's Signature)

Please fill out for the class period(s) student will be absent for:

Period	Course	Teacher	Current Grade	Homework (Y/N)	Teacher's Initials
EB					
1					
2					
3					
4					
5					
6					
7					

TEACHER