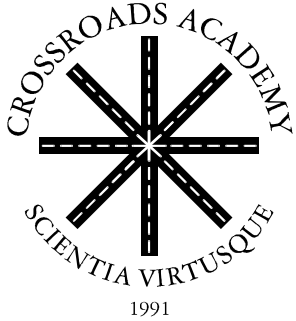


# PLANNED ABSENCE FORM



This form should be completed at least one and preferably two weeks in advance and returned to the office for approval. Thank you.

DATE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

Student will be absent from school beginning \_\_\_\_\_  
Date

Student will return to school on \_\_\_\_\_  
Date

Reason for absence \_\_\_\_\_

I realize that absences from school may affect my child's academic performance.

Parent Signature \_\_\_\_\_

Approval Head of School \_\_\_\_\_

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## Middle School Only:

To the Advisor: Please complete this form and give it to your advisee. Keep it for your records when it is returned to you.

Advisor \_\_\_\_\_

To the Student: Take this form to each of your teachers, who will initial it to show that you have spoken with them about your planned absence and assignments. Write your assignment(s) in your plan book. When you have seen all your teachers, return this form to your advisor.

To the Teacher: Please initial this form. DO NOT write down your assignments here, but see that the student puts them in his/her plan book.

History \_\_\_\_\_ English \_\_\_\_\_ Math \_\_\_\_\_ Science \_\_\_\_\_

French \_\_\_\_\_ Music \_\_\_\_\_ Latin \_\_\_\_\_ Character Ed \_\_\_\_\_

Tech \_\_\_\_\_ PE \_\_\_\_\_ Art \_\_\_\_\_ Drama \_\_\_\_\_