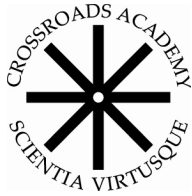


PLANNED ABSENCE FORM



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 _____

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 _____