



CROSSROADS ACADEMY
STRONG MINDS, KIND HEARTS

Planned Absence Form

This form should be completed **at least one (preferably two) weeks** in advance of planned absence.

For Approval:

- Lower School forms must be returned to the Office Manager in Klee
- Middle School forms must be returned to the Middle School Assistant in Fanger

Today's Date: _____

Student Name: _____

Grade (circle): K 1 2 3 4 5 6 7 8

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: _____

Received by Office Manager: _____

Received by Middle School Assistant: _____