Student Name ___________________________________________________________ Grade _________

Dates of absence: ______________________________________________________ Number of days absent: ______

Students who miss three or more consecutive days should use this form to facilitate clear communication of make-up work expectations. Attach additional sheet if necessary. Submit a copy of the completed form to office of the Division Head.

**Block 1 Class:** _______________________________________________________

Work excused: __________________________________________________________

Work to be made up (description and due date): ________________________________

_____________________________________________________________________

_____________________________________________________________________

Teacher Initials: ________________

**Block 2 Class:** _______________________________________________________

Work excused: __________________________________________________________

Work to be made up (description and due date): ________________________________

_____________________________________________________________________

_____________________________________________________________________

Teacher Initials: ________________

**Block 3 Class:** _______________________________________________________

Work excused: __________________________________________________________

Work to be made up (description and due date): ________________________________

_____________________________________________________________________

_____________________________________________________________________

Teacher Initials: ________________
Block 4A and 4B Classes (if applicable):

Work excused:

Work to be made up (description and due date):

Teacher Initials: ________________ Teacher Initials: ________________

Block 5 Class:

Work excused:

Work to be made up (description and due date):

Teacher Initials: ________________

Block 6 Class:

Work excused:

Work to be made up (description and due date):

Teacher Initials: ________________

Block 7 Class:

Work excused:

Work to be made up (description and due date):

Teacher Initials: ________________

Attach additional sheet if necessary. Submit a copy of the completed form to office of the Division Head.