

PLANNED ABSENCE FORM

TRAVEL

* MEDICAL

FAMILY EVENT

(Please circle)

INSTRUCTIONS TO STUDENT: (READ CAREFULLY)

Student ID _____

Complete the top portion of the form and sign it.

Take to each of your teachers and request that they complete the assignment/accountability portion.

_____ will be absent with his/her family. I will be gone _____
(Name) (# of days)
 school days, which are _____. I understand to obtain credit for class work missed, I must
(Dates)
 make all necessary arrangements with each of my teachers prior to the absence.

Student Signature: _____

Advisor _____

Parent Signature: _____

Date _____

ALL MISSED ASSIGNMENTS MUST BE COMPLETED WITHIN THE TIMELINE DESCRIBED IN THE STUDENT HANDBOOK FOR EXCUSED ABSENCES.

STUDENT-TEACHER ASSIGNMENT/ACCOUNTABILITY PORTION	
CLASS/TEACHER SIGNATURE	TEACHER NOTES REGARDING STUDENT ABSENCE FROM CLASSROOM:
Advisor:	
1ST PD:	
2ND PD:	
3RD PD:	
4TH PD:	
5TH PD:	
6TH PD:	
7TH PD:	

***If this form is used for a medical absence, you must bring verification back from the doctor upon your return.**