

PLANNED ABSENCE FORM

TRAVEL	* MEDICAL	COLLEGE VISIT	(Please circle)
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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 accountability portion.
 Take this form home to your parents for their signature.
 If you are on Doctor Notes - this form must be pre-approved by your unit principal.
Return the completed form to your unit office at least one day prior to your planned absence.*

_____ 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: _____

Unit: _____

Parent Signature: _____

Date: _____

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

STUDENT-TEACHER ACCOUNTABILITY PORTION	
CLASS/TEACHER SIGNATURE	TEACHER COMMENT 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.**