



PLANNED ABSENCE REQUEST FORM

Name: _____ ID#: _____ Date: _____

First day of absence: _____ Last day of absence: _____

Reason for Absence: _____

****REQUIRED - Teacher Verification of Grades and Signatures****

PERIOD	SUBJECT	PRESENT GRADE	TEACHER SIGNATURE
0			
1			
2			
3			
4			
5			
6			
7			

- Students are responsible for completing any missing assignments and/or tests.
- Each teacher, a parent/guardian AND an Assistance Principal must sign this form.
- Return this form to the attendance office **PRIOR** to your absence.
- Per MPS policy, **up to five days** per school year are excusable with Assistant Principal approval.

Parent/Guardian Approval: _____ Date: _____

Assistant Principal Approval: _____ Date: _____