

## **Planned Absence Form**

Student Name:			
Total Days:	_ Date(s) From:	Date(s) To:	
Reason:			
school for the date(s) completed during his tests, etc. as soon as	) listed above. He/she shou /her absence and must als s he/she returns. For middlulete and sign the chart local	s requested that he/she be absent from ald get all of the assignments to be to make arrangements for making up the school and high school students, each ated on the back of this page to indicate	
	<b>LIES:</b> This form must be report of the planned absence.	eturned to the Attendance Office BEFOR	
38 hours (approxima (approximately eleve Excessively Absent. follow the District Tru Planned absences v	tely six and a half days) in n days) with or without leg These students will receive ancy Plan. These hours in will not be approved if you	has changed. Students who are absent a month or 65 hours in a school year itimate excuse are now considered e a letter from the District and will need to clude approved planned absences. our child has already met or will meet ald for Excessive Absence and/or	
year. These days will	not count towards an Exc	a college visit for up to three days each essive Absence or Habitual Truancy if th from the college; general brochures will	
Administrator Signator	ure:		
Parent/Guardian Sign	nature:		

PERIOD	COURSE	Teacher Signature
1		
2		
3		
4		
5		
6		
7		
8		
9		