P.O. Box 800 Craig, Alaska 99921 www.craigschools.com Phone (907)826.3274, FAX (907) 826.3322

CCSD is dedicated to providing a meaningful, comprehensive, and engaging education to all students so they participate responsibly in the global society.

Long Term Absence or Family Vacation Form

THIS FORM IS TO BE TAKEN BY STUDENT TO EACH OF THE TEACHER'S CLASSES WHO WILL BE MISSED.

A SIGNED COPY OF THE AGREEMENT IS TO BE LEFT IN THE SCHOOL OFFICE.

Name:	Date:	
Dates of Anticipated Abso	ence:	
weeks) and is the respon	ct stating the work due for the abser sibility of the student and must be c o school. Assigned work must be arra	ompleted during the absence
<u>Class</u>	Assignment	<u>Teacher Signature</u>
	-	
that assigned work is due school after my trip. Any	cher to ensure I understand the world to my absences (up to 2 weeks) is of work that is missed because of my a eturn. One day for each additional da	due as soon as I return to absences not anticipated will
Student Signature:		
Parent Signature		