

MANSON SECONDARY SCHOOL
Planned Absence (1 Day)

Student's Name _____ Date: _____

Reason for absence: _____

I will be gone on: _____ leaving at _____
 (date) (time)

I understand that it is my responsibility to complete the following:

1. All assignments that will be missed.
2. All work that is required for successful completion of this course.
3. My work must be returned to the instructor on the day of my return. Late work may result in no credit.

STUDENT SIGNATURE _____

I am aware of this planned absence and understand the responsibilities: _____
 PARENT/GUARDIAN SIGNATURE

COACH SIGNATURE: _____ ATTENDANCE CLERK: _____

PRINCIPAL APPROVAL: _____ OFFICE USE ONLY:
 Completed and received on _____

PERIOD	SUBJECT	CLASS ASSIGNMENT	Grade	Teacher's Initials NOT APPROVED	Teacher's Initials APPROVED
0					
1					
2					
3					
4					
5					

Parents have been called to inform of any classes that are not approved. _____.