

Parent Notification Date _____

MANSON SECONDARY SCHOOL/Extended Planned Absence (2 or more Days)
(Five or more school days requires parent conference)

Student's Name _____ Student # _____ Date: _____

Reason for absence: _____

I will be gone from: _____ to _____ (no. of days _____), leaving at _____
(dates) (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.

This work must be completed prior to my leaving for the planned absence(s) or the day I return. Late work may result in no credit. Student agrees to attend Afters until all work is completed satisfactorily.

STUDENT SIGNATURE _____

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

COACH INITIALS: _____ LIBRARIAN INITIALS: _____ ATTENDANCE CLERK INITIALS: _____

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

PERIOD	SUBJECT	CLASS ASSIGNMENT	GRADE	PASS OR FAIL	TEACHER'S INITIALS
0					
1					
2					
3					
4					
5					

The assignment portion of this form will be returned to student when approved.