



KENNEDY CATHOLIC HIGH SCHOOL

PRE-PLANNED ABSENCE REQUEST

Student name: _____ Grade: _____

Date(s) of absence: _____ to _____

Reason for absence: _____

TO THE STUDENT: To be valid, this form must contain signatures and be returned to the Attendance Office *two weeks before* the absence.

TO THE TEACHER: Please complete the following evaluation of the student's status and indicate any special conditions. This is a request by the student. No absences will be considered excused until signed by the parent/guardian and approved by the administration.

PERIOD	CLASS	GRADE	COMMENTS	SIGNATURE
1				
2				
3				
4				
5				
6				
7				
CP				

TO THE PARENT/GUARDIAN: I have seen the teacher's comments and I am aware of the impact this absence may have on my student's academic progress. I also understand the absence(s) count toward the absence/loss of academic credit policy.

Parent/Guardian Signature

Date

Counselors Signature

Date

Vice Principal - Student Services

Date

Vice Principal of Academics / Designee Approval Signature

Date

RETURN THE SIGNED FORM TO THE CAMPUS LIFE/ATTENDANCE OFFICE