

TUMWATER MIDDLE SCHOOL  
PLANNED ABSENCE

STUDENT NAME: \_\_\_\_\_

REASON FOR ABSENCE: \_\_\_\_\_

DATES OF ABSENCE: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

Period	Class Assignment & Comments	Pass/Fail	Teacher Signature

SIGNATURE OF ADMINISTRATOR: \_\_\_\_\_

APPROVED: \_\_\_\_\_

NOT APPROVED: \_\_\_\_\_