ADVANCE NOTICE OF ABSENCE

BROOKSIDE MIDDLE SCHOOL

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NAME *GRADE* *DATE*

*ABSENT FROM:*_____*TO:*_____ *RETURNING ON:*_____

IT IS THE STUDENT'S RESPONSIBILITY TO TAKE THIS FORM TO EACH OF THEIR TEACHERS PRIOR TO LEAVING FOR VACATION.

PERIOD 1 *TEACHER*_____

*COMMENTS*_____

PERIOD 2 *TEACHER*_____

*COMMENTS*_____

PERIOD 3 *TEACHER*_____

*COMMENTS*_____

PERIOD 4 *TEACHER*_____

*COMMENTS*_____

PERIOD 6 *TEACHER*_____

*COMMENTS*_____

PERIOD 7 *TEACHER*_____

*COMMENTS*_____

PERIOD 8 *TEACHER*_____

*COMMENTS*_____

PERIOD 9 *TEACHER*_____

*COMMENTS*_____

PERIOD 10 *TEACHER*_____

*COMMENTS*_____

AS THE CUSTODIAL PARENT I UNDERSTAND IT IS MY CHILD'S RESPONSIBILITY TO SUBMIT ALL CLASSWORK TO BE GRADED UPON THE FIRST DAY OF MY CHILD'S RETURN TO CLASS. I ALSO UNDERSTAND THAT MY CHILD IS EXPECTED TO BE ABLE TO CONTINUE ON WITH ALL CURRENT CLASS ACTIVITIES (TESTS, QUIZZES, ETC) WITHOUT ADDITIONAL TIME BEING PROVIDED.

_____

PARENT SIGNATURE

_____

PRINCIPAL SIGNATURE ***DATE***

APPROVED / DENIED *Current Hrs. of Absence:*_____*(for office)*