

Rantoul Township High School  
200 S. Sheldon St.  
Rantoul, IL 61866

To: RTHS Administration  
RE: Planned School Absence

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
(Please Print)

Proposed Absence Dates: \_\_\_\_\_

Reason for Absence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We understand a student indicating a planned absence from school not covered by illness or emergency, as published in the Student Handbook, must make arrangements with ALL teachers prior to the absence to satisfy all school work required. The absence must be approved by RTHS Administration AT LEAST 5 school days prior to the leave of absence. RTHS reserves the right to deny all requests.

\_\_\_\_\_  
Parent Signature Student Signature

Approved/ Denied \_\_\_\_\_ Date: \_\_\_\_\_  
Administrative Signature

This form should be signed by the parent and student. Next the student needs to receive approval by RTHS Administration. Once approved, it is the responsibility of the student to have each of his/her teachers sign the form in the appropriate space. The COMPLETED form should be returned to the administrative office where a copy will be given to the student, building administration, and attendance office.

Period	Teacher Name	Teacher Signature
1		
2		
3		
4		