KENNEDY CATHOLIC HIGH SCHOOL

PRE-PLANNED ABSENCE REQUEST FORM

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 Academic Office ***one week before*** the absence.

TO THE PARENT/GUARDIAN:
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 total absence count.

_____ _____
Parent/Guardian Signature *Date*

_____ _____
Counselor Signature *Date*

TO THE TEACHER:
Please complete the evaluation on the back of the student's status and indicate any special conditions. Do not complete this form if the top portion is not complete.

Once teachers have completed the back side of the form, please obtain signatures from the VP of Student Services and the VP of Academics.

_____ _____
Vice Principal of Student Services Signature *Date*

_____ _____
Vice Principal of Academics Signature *Date*

RETURN THE SIGNED FORM TO THE ACADEMIC OFFICE

TO BE FILLED OUT BY TEACHERS:

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