

SECONDARY PREPLANNED ABSENCE FORM

Parents:

Please complete this form, at least two weeks prior to the desired dates of absence, in order for the administrator to determine the status of this request and to allow the faculty enough time to prepare assignments. Send this form to the appropriate administration for routing.

It is the responsibility of the student to notify teachers by having them initial below, and to obtain the assignments that need to be made up due to the absence. Assignments that are given in advance should be turned into the teacher(s) in a timely manner upon returning to school. Please initiate a personal contact with the teacher(s) after an extended absence to ensure that the work expectations of the teacher have been met.

It is to be understood that no amount of bookwork can make up for time away from actual teaching instruction. Some class notes may need to be obtained upon return to school.

Today's Date: _____

Student's Name(s): _____

Grade(s): _____

Dates of Absence: _____

Reason for Absence: _____

Please indicate how you think this trip or time will benefit your child.

Parent signature: _____

Administrator's signature: _____

_____ Excused
_____ Unexcused

All teachers please initial

_____ HR _____ 1st _____ 2nd _____ 3rd _____ 4th
_____ 5th _____ 6th _____ 7th _____ 8th