

Date Returned\_\_\_\_\_

Planned personal or educational activities that cause students to miss class time must be approved at least two days prior to the planned absence in order to be considered excused. Once completed, return this form to Ms. Brackley or Dr. Conway

Name of student \_\_\_\_\_ Grade \_\_\_\_\_ Advisor \_\_\_\_\_

---

I agree to do all homework and I assume the responsibility to hand this work in to the appropriate teachers. I agree that I am responsible for any tests, quizzes, or projects that are assigned and that I will take them as scheduled with my teachers.

Subject	Teacher	Details of work agreement:
X		
1Black		
2Black		
3Black		
4Black		
5Gold		
6Gold		
7Gold		
8Gold		

---

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

---

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

---

Advisor Signature