**District Administration Office** • www.charleston.k12.il.us

Phone: (217) 639-1000 410 West Polk Avenue, Charleston, IL 61920 Fax: (217) 639-1005

## CHS ANTICIPATED ABSENCE FORM

NAME:		TODAY'S DATE:		
Will b	e absent on the follow	ing day(s):		
PARE	ENT: ATTACH A NO	OTE THAT EXPLAI	NS THE REASON FOR THE THIS FORM	E ABSENCE TO THE BACK OF
TYPE	OF ABSENCE:	_School Function	Medical	Other
studen aware form is <b>NOTH</b> Handb compleinstructetc.), t	at hand delivers this for of the anticipated abs as completed, the stude E: All parents and stude book." This anticipate eted according to each ction (that which require the student may be pro-	rm to his/her teachers. ence and that they have nt hand delivers this for ents should be familian d absence form will no n of his/her teacher's di res classroom attendan vided with alternative	Teachers will sign this form, is informed the student of makers orm to the Attendance Office provided with the CHS attendance policit in any way change the "Hand rections, credit will be given."	book" policies. If schoolwork is Depending upon the nature of oup presentations, guest speakers, f teachers. Students should be
	Administrator Signature		. ————————————————————————————————————	Date
	COURSES TO BE (to be filled in by		SIGNATURE OF	TEACHERS
EB.				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
				or to the anticipated absence or ay lose credit for work missed.
I have	read the "Student-Par	ent Handbook" and un	derstand the consequences of n	nissing the day(s) requested.
Parent's Signature		Date	Student's Signature	e Date