

PLANNED ABSENCE FORM

Student's name _____ Phone # _____

My student will be absent from school on _____ for the

following reason(s): _____.

Please understand that:

1. Absence from school/classroom disrupts the continuity of instruction.
 2. Learning experience will be lost and, in some instances, not regained.
 3. The responsibility for make-up rests with the student and cannot place undue demand on the teacher's time.
 4. Instructional opportunities lost during the time absent may result in lower class grades.
 5. Assignments listed below are due on the first day of the student's return to school.
 6. Extensions on the due date may be approved if there are extenuating circumstances.
- These will be handled on a case by case basis.

Parent/Guardian's Signature

SUBJECT	ASSIGNMENT	TEACHER'S SIGNATURE*

*The teacher's signature simply verifies the assignments listed.

School Counselor's Signature _____

Administrator's Signature _____