



Student Request for Planned Absence

Student Name: _____ **Grade:** _____

Intended dates of absence: _____ **to** _____ **Total Days:** _____

Reason for Absence: _____

Period	Subject	HW Assignment Rec'd	Teacher Signature/ Comments
1			
2			
3			
4			
5			
6			
7			

STUDENTS! Please read carefully!

This form must be signed by a parent, as notification of the planned absence, and the student will need to be cleared by each teacher, indicating that he/she has discussed all work for which the student will be responsible during that time. **Students are required to present this form to each of his/her teachers for their signatures, at least one week prior to the planned absence.**

The form must then be turned in to the school office, for administrator approval, at least 3 days before the intended absence.

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Administrator Approval: _____ **Date:** _____