Pre-Planned Absence Form

Please complete this form at least 3 school days before the start of any planned absences and return this form to the student’s teacher. If the student will be absent for 3 or more consecutive days, the Administrator will need to give approval.

Student Name: __________________________________________ Grade: ___________

Date/Time of Absence(s): ________________________________________________________

Reason for Absence: (Please check one)

_____ Medical: Student has a medical/dental appointment or other pre-planned medical situation.

_____ Family Event: Including weddings and funerals.

_____ Family Vacation: We encourage families to take vacation during school breaks.

_____ Other: Please explain: ________________________________________________________

___________________________________________________________

___________________________________________________________

Parent Signature: ________________________________________________ Date: ______________

Administrator approval (if applicable): ________________________________ Date: ______________

Policy Reminders

• Students must be in school for a minimum of 4 hours or they will be counted absent for the day.
• For a student to receive credit in any class, total absences may not exceed 10 days for the year.
• Absences are not designated as excused or unexcused. Please be mindful of the required days of classroom attendance when choosing nonessential absences from class.