

PLANNED ABSENCE FORM

Complete the form prior to obtaining a signature from the office. Form must be completed prior to your planned absence.

STUDENT NAME _____

DATE(S) OF ABSENCE _____

REASON FOR PLANNED ABSENCE _____

VERIFICATION OF ADVANCE MAKE-UP WORK

The above student will be absent on the specified date(s) from your class. Please initial to verify that make-up work has been given or arrangements have been made for the hour the student will miss your class.

Period	Assignment	Due Date	Teacher Initials
1st			
2nd			
3rd			
4th			
5th			
6th			
7th			

PARENT NOTIFICATION (only for non-school activity)

Signature/Call from Parent _____

OFFICE NOTIFICATION

Signature _____

