



PLANNED ABSENCE NOTIFICATION

DATE: _____

STUDENT'S NAME: _____

GRADE: _____

Please complete and return this form to the office at least one week prior to your planned absence. Teachers are not expected to provide work in advance. Students will be required to make up assignments/assessments, as directed by the teacher, upon the student's return to school. The student will be afforded the same number of days as they were absent, to complete all make-up work.

DATES OF ABSENCE: _____

REASON FOR ABSENCE: _____

Parent/Guardian's Signature

Date

Copies: Teachers
Parent
Office
Counselor