



PLANNED ABSENCE NOTIFICATION

DATE: _____

STUDENT'S NAME: _____

GRADE: _____

Please complete and return this form to the **KMS Main 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

Return form to KMS Main Office