

**REQUEST FOR PLANNED ABSENCE**

PURPOSE: This form is for students who know in advance that they will be missing classes. In order to qualify as an excused absence, parents must verify that they have given prior permission for the absence. This process also notifies the faculty that the student will be absent from their class on the specified dates. This form must be completed and turned in at least three days prior to the planned absence. When properly completed and approved, the student's record will indicate an excused absence for the days missed.

STUDENT'S NAME: _____ GRADE: _____

DATE(S) PLANNING TO BE ABSENT: _____ through _____ (_____ days total)

STUDENT: I understand that in accordance with school policy, teachers are not expected or required to reteach material missed during planned absences. I know that I have one day to make up work for each excused day of absence up to five days. I will meet with my classroom teachers to make up all academic work that is missed.

Student's Signature: _____

FACULTY: Arrangements to make up missed work/tests should be made prior to the absence. (*Study Hall teachers do not need to initial*).

	Course	# of Absences Thus far for this semester	Current Grade	Teacher Initials
Period 1)	_____	_____	_____	_____
Period 2)	_____	_____	_____	_____
Period 3)	_____	_____	_____	_____
Period 4)	_____	_____	_____	_____
Period 5)	_____	_____	_____	_____
Period 6)	_____	_____	_____	_____
Period 7)	_____	_____	_____	_____

PARENT/GUARDIAN: I request that my child be excused on the above date(s) for the following reason:

I understand that students who have missed eight or more classes (including planned absences) in a semester risk academic success and may be penalized academically or be placed on Academic Restriction or Probation.

Parent/Guardian Signature: _____

STUDENT SHOULD TURN IN COMPLETED FORM TO THE DEAN OF STUDENTS OFFICE

DEAN OF STUDENTS: ☐ APPROVED ☐ NOT APPROVED Date : _____ Initials: _____

COMMENTS: _____

ADMINISTRATIVE OFFICE: ☐ Attendance Recorded in Powerschool
Form Revised Feb. 2016

Date: _____