

PLANNED ABSENCE

Date: _____ Student: _____

will be absent on (days and dates) _____.

*Please have your teacher complete the appropriate boxes and sign below. Your parent/guardian must complete the bottom part of this form. Return this form to the office once it is completed. **If this form is not returned completed before your planned absence, it will NOT be excused.***

Teachers' Comments and Signatures

Block	Subject	Work Student Must Do while Away	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9	Advisory		

Student: _____ will be absent on (days and dates)

for the following reason _____.

Parent/Guardian Signature _____ Date _____