

PRE-PLANNED ABSENCE FORM

The securing and execution of this form is the responsibility of the student.

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|---|----------|---|
| Grade: | Student: | Today's Date: |
| Date(s) of Absence From: | | To: |
| <input type="checkbox"/> All Day Absence (List Total # of School Days): | | <input type="checkbox"/> Partial Day Absence From: To: |

Make-up homework and tests are the responsibility of the student. Students are expected to complete all work and tests; however, teachers have the discretion to assign substitute course work and exams. Teachers may also specify where and when exams and work is completed, including outside regular school hours. Time for completing work is commensurate with length of absence.

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| Parent Signature: | Student Signature: |
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PARENT/GUARDIAN EXCUSED ABSENCE:

Parent written request. **Ten total parent days allowed by state law per school year.** Examples include: illness, medical, dental, chiropractic, optometric, or other professional appointments, sporting events, college visits, family vacations, driver's licensing, court, personal business, senior pictures, transportation issues, agriculture events: shows/expo/4-H, job shadows not required for VHS classroom grade, unapproved college class conflicts, unapproved emergency, or, if no reason is stated by parent. **Reason for Absence** (optional): _____.

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|---------------------------------|---------------------------|
| Teacher Signature Period 1: | Teacher Comment (if any): |
| Teacher Signature Period 2: | |
| Teacher Signature Period 3: | |
| Teacher Signature Period 4: | |
| Teacher Signature Period 5: | |
| Teacher Signature Period 6: | |
| Teacher Signature Period 7: | |
| Teacher Signature Period 8: | |
| ACP Teacher Signature Period 9: | |