

PLANNED ABSENCE

_____ Date

Student Name: _____ will not be in school from

Dates: _____ to _____

Reason for Absence: _____

Teacher Approval (please initial)

Class

Recommendations

_____	1.	_____	_____
_____	2.	_____	_____
_____	3.	_____	_____
_____	4.	_____	_____
_____	5.	_____	_____
_____	6.	_____	_____
_____	7.	_____	_____
_____	8.	_____	_____

_____ Parent Approval

_____ Date

_____ Office Approval / Date

Teacher Recommendations

1. The student must make up all assignments before he/she leaves.
2. The student must make up all assignments after he/she returns and before _____ Date
3. The student might be assigned additional work in lieu of the material covered in class on the days missed.
4. The work cannot be made up and an alternate assignment will be provided.
5. The student should not leave as his/her grade is low and an absence could prevent passing the class.

This completed form must be returned to the middle school office BEFORE leaving. Failure to do so will result in an unexcused absence.