PLANNED ABSENCE FORM

Thank you for informing us of your child’s planned absence.

This form is needed for planned absences that are more than 2 school days. Please submit this form to the main office at least one week in advance of the absence. Planned absences can be excused for medical appointments or religious or other one-time events. Family vacations or family trips during regular school days are not excused.

Date: ____________________

Student(s) Name: ___________________________________________________

Students Teacher(s): _________________________________________________

Parent/Guardian: ____________________________________________________

Phone #: __________________________  Email: ___________________________

Date(s) of Absence: __________________________________________________

Number of school days that will be missed: _______________________________

Reason for absence: __________________________________________________

By signing below you the parent/guardian recognize that missing school can negatively impact your child’s overall achievement at school.

Parent/Guardian Signature: _______________________________  Date: _______________

Administrative Signature: __________________________________________________

Date: ____________________  Excused  Unexcused