



**MIDDLE/HIGH SCHOOL PLANNED ABSENCE FORM**  
*Must be completed two weeks before date of planned absence.*

Student Name: \_\_\_\_\_

Date of Absence(s): \_\_\_\_\_

Reason for Absence: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*By filling out this form, students agree to complete all make-up work assigned by his or her teachers. It is the student's responsibility to collect all work, and complete it within a time frame that is in accordance with teacher policy. Failure to make arrangements with teachers means the absence will be unexcused, and will result in the loss of make-up privileges.*

**Reminder:** Absent days are not to exceed 10 days in any one semester. Please keep this in mind as you plan doctor's appointments, family vacations, college visits, etc. A maximum of five days per academic year will be allowed for family vacations.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Parent / Guardian Signature

<b>Period</b>	<b>Subject</b>	<b>Teacher Signature</b>	<b>Make-up Work Collected? (Y/N)</b>
Advisory			N/A
1			
2			
3			
4			
5			
6			

\_\_\_\_\_  
 Guidance Counselor Signature

\_\_\_\_\_  
 Principal Signature