

Pre-Planned Absence Form

Student's Name: _____ Teacher: _____

Date: _____

Parent's Name(s), Phone Number(s) and SIGNATURE(s):

Name	Phone	Signature

Name	Phone	Signature

Reason for Absence:

Date(s) of Absence: _____ to _____

FOR STAFF USE ONLY BELOW - TEACHERS COMPLETE AND SIGN THE FOLLOWING ITEMS

Teacher: _____ Date: _____ Subject: _____

Teacher: _____ Date: _____ Subject: _____

Teacher: _____ Date: _____ Subject: _____

Teacher: _____ Date: _____ Subject: _____

Teacher: _____ Date: _____ Subject: _____

Teacher: _____ Date: _____ Subject: _____

ALL WORK MUST BE MADE UP FROM ALL CLASSES INCLUDING ENRICHMENT OR A ZERO WILL BE ASSESSED

Reason(s) for Non-approval:

Signature of Principal: _____ Date: _____