

Pre-Planned Absence Form

Student Name: _____ Homeroom Teacher: _____

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 _____

Teacher: _____ Date _____ Subject _____

***ALL WORK MUST BE MADE UP FROM ALL CLASSES (PLEASE REFER TO HANDBOOK)**

APPROVAL_____

NON-APPROVAL_____

**REASON FOR
NON-APPROVAL**_____

**SIGNATURE OF
PRINCIPAL**_____ **DATE**_____