SECONDARY PLANNED ABSENCE / SCHOOL RELATED ABSENCE FORM

_____ _____ _____ _____

Student's Name Grade Date(s) of absence Total days missed

If leaving early or arriving late, please provide times: Time out:_____ Time in:_____

This planned absence / school related absence form is to be completed by students who know in advance that they will be absent from any classes for any reason.

It must be completed and returned to the Secondary Office by 3:00 p.m. on the day prior to the absence.

Students are expected to make up all missed work on a schedule determined by the teacher.

Please note that excessive absences can negatively affect a student's grade.

Failure to turn in a Planned Absence Form will result in an unexcused absence.

Absences due to medical appointments are always considered an excused absence; however, it is strongly encouraged that a Planned Absence Form be used whenever possible for medical appts.

It is the student's responsibility to obtain all missed work from their teachers.

CHECK ONE BOX BELOW AND PROVIDE A REASON (DENTAL, VACATION, FIELD TRIP, ETC.)

❒ **Medical Appointment** -***OR***- ❒ **Family/Personal Activity** -***OR***- ❒ **SCS School Sponsored Activity**

Reason for absence: _____

_____

_____.

Parent/Guardian Signature: _____ Date: _____

(Required for an excused absence)

For office use:

Date received _____ Office initials_____ Date entered _____

Teachers: DO NOT sign without an explanation for absence **AND a parent signature**.

Period	Teacher Signature	Assignments and Comments
1		
2		
3		
4		
5		
6		
7		
0		