



Pre-Planned Absence Form

Please provide the following information to assist the school attendance officer in determining whether your child's proposed absence shall be excused:

Student Name: _____ School: _____ Grade: _____

Teacher Name: _____

Counselor Name: _____

Parent/Guardian Name: _____

Address: _____

Phone: (home) _____ (work) _____

Dates of planned absence: _____

How many days has the student been absent due to other trips during this school year? _____

I certify that this information is true and correct. I understand that it is my responsibility to arrange for any make-up work and that certain activities and lessons may be impossible to make-up, such as field trips, labs, guest speakers, class discussions, etc.

Parent/Guardian Signature Date: _____

FOR OFFICE USE ONLY:	
_____ Request submitted in writing prior to absence	
_____ Academic status	_____
_____ Attendance record	_____
_____ Accepted	_____ Accepted but not recommended

Administrator Signature	
Returned to parent/guardian on: _____	
(Date)	