



PLANNED ABSENCE FORM

Name: _____ Date(s) Absent: _____

Reason for absence: _____

I accept responsibility to make up the work for the time not in school.

Student Signature: _____

Parent/Guardian Signature: _____

Hour	Subject:	Teacher's Signature:
EB		
1		
2		
3		
4		
5		
6/7		
8		

Guidance Counselor's Signature: _____

Administrator's Signature: _____

This form must be returned to the office
2 days prior to the planned absence date.

Turn form in to Mrs. Jameson upon completion.