



# Frank H. Harrison Middle School

"Empowering All Students to Create Fulfilling Lives in a Changing World"

220 McCartney Street | Yarmouth, Maine 04096 | 207.846.2499 | fax 207.846.2489

## NOTIFICATION OF PLANNED FAMILY ABSENCE

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
Dates of Absence: \_\_\_\_\_ # of Days: \_\_\_\_\_ Purpose: \_\_\_\_\_  
Destination: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

### STUDENT RESPONSIBILITIES

1. It is your responsibility to get all your assignments and complete the work. It is expected that your homework is completed within the time agreed upon by you and your teacher(s).
2. Arrangements must be made with teachers for assignments, papers, or projects that are due during the absence. Tests and quizzes must be completed upon your return.
3. Your teachers are not expected to reteach the material.

Subject	Comment	Teacher's Signature
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		

### TO: STUDENT

I understand my responsibilities for this Planned Family Absence and will complete any assignments missed while absent and will leave my school-issued computer at HMS if traveling out of the state.

Student's Signature: \_\_\_\_\_

### TO: PARENT/GUARDIAN

Your signature below reflects an understanding of our expectations and that you are aware of your child's responsibility in completing missed assignments.

Parent's Signature: \_\_\_\_\_

**PLEASE TURN THIS FORM INTO THE OFFICE BEFORE YOU LEAVE.**

Administrator's Signature: \_\_\_\_\_