

PRE-PLANNED ABSENCE FORM

Parental Request To Have Student Released From Classes

Date: _____ Grade: _____ Student I.D.# _____

I, _____ (mother/father/guardian) of _____ request the release of my (son/daughter) from classes for _____ school days during the period beginning _____ and ending _____.

The reason I am making this request is: _____

_____.

I understand that my (son/daughter) assumes primary responsibility for keeping up with school work during this period of voluntary absence and that (he/she) will notify teaches in advance so that assignments can be completed PRIOR to the absence. Have the teachers sign the bottom indicating they know the student will be missing from the class, and that they have discussed the work that will be due during the time of the absence. I further understand that certain classroom activities such as films, speakers, labs and class discussions cannot be duplicated and may result in a lower achievement grade.

FINALLY, I AM AWARE THAT STAPLES HAS AN ATTENDANCE POLICY WHICH LIMITS TOTAL ABSENCES (EXCUSED OR UNEXCUSED) IN ANY GIVEN COURSE. AT 10 ABSENCES IN ONE SEMESTER, A STUDENT’S CONTINUATION IN THE COURSE WILL BE EVALUATED.

Forms submitted after the absence will **NOT** be accepted.

SIGNATURE OF PARENT OR GUARDIAN

***I would be available to meet with you to review assignments during this absence. Thank You.

TEACHERS’ SIGNATURES

(Teachers’ signatures indicate **ONLY** that the student has informed you of an upcoming absence. It does **NOT** signify approval.)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

THIS FORM MUST BE COMPLETED AND RETURNED BEFORE THIS ABSENCE.