## **PRE-PLANNED ABSENCE FORM**

If absence is deemed excused, a student will have 3 days to complete all missed work and tests. Excused absences still count toward the 8 days per quarter total allowable by state law. (Refer to Student Handbook).

Student Name:		Teacher:	
Date:			
Print Parent Name	Phone #	Parent Signature	
Date(s) of Absence:	to		
FOR STAFF US	E ONLY BELOW – TEACHERS C	OMPLETE AND SIGN THE FOLLOWING:	
Teacher:	Date:	Subject:	
*ALL WORK MUST BE MADE UP FI	ROM ALL CLASSES INCLUDING	ENRICHMENT OR A ZERO WILL BE ASSESSED	
Reason(s) for Non-Approval:			
		AND	
Signature of Principal:		Date:	