



Request for Planned Absence

Please complete and submit this form to your child’s teacher, at least one week in advance of an anticipated absence by a student.

Student Name _____ Today’s Date _____

Date(s) of anticipated absence _____

Reason for absence:

*Please be specific, the director must have enough information to be able to determine whether or not an absence may be excused.

Filling out this form does not guarantee that the absence will be excused, is it the responsibility of the student/parent to follow up with further information or make-up work.

Parent’s Signature _____ Date _____

EXCUSED

UNEXCUSED

Notes:

Director’s Signature _____ Date _____