

STAPLES HIGH SCHOOL
PRE-PLANNED ABSENCE FORM

Completed form should be handed into the
Grade Level Assistant

Date: _____

Student: _____

Grade: _____

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

The reason for this request is: _____

I understand that my son/daughter assumes responsibility for completion of all assignments during this period of voluntary absence.

Your son/daughter **must** have their teachers sign below indicating that each teacher is aware that the student will be absent from the class and that they have discussed the assignments that will be due during the time of the absence.

I further understand that certain classroom activities such as videos, class discussions, labs and presentations cannot be duplicated and may result in a lower grade.

I am aware that Staples High School's attendance policy limits the total number of absences, excused or unexcused, in any given course.

SIGNATURE OF PARENT/GUARDIAN

TEACHERS' SIGNATURES

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO THIS ABSENCE. ANY FORM SUBMITTED AFTER THE ABSENCE WILL NOT BE ACCEPTED.