

**WHITCOMB JR.-SR. HIGH SCHOOL**  
**PLANNED ABSENCE FORM**

TODAY'S DATE: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Date(s) of Planned Absence: \_\_\_\_\_

Reason for Planned Absence: \_\_\_\_\_

<u>PERIOD</u>	<u>CLASS</u>	<u>TEACHER RESPONSE TO PLANNED ABSENCE</u>
A	_____	_____
B	_____	_____
C	_____	_____
D	_____	_____
E	_____	_____
F	_____	_____
G	_____	_____
H	_____	_____
DEAR	_____	_____

Administrator's Comments: \_\_\_\_\_

I have filled in all of the above, and I request that my son/daughter be granted a Planned Absence on the date noted.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

**FOR OFFICE USE ONLY**

**Application** Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Reason(s): \_\_\_\_\_

Signature of Administration: \_\_\_\_\_

# WHITCOMB JR.-SR. HIGH SCHOOL PLANNED EXTENDED LEAVE APPLICATION

(For alternate educational experiences of longer than 2 days)

This form must be submitted five (5) school days PRIOR to anticipated absences.

Student Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s)/Legal Guardian(s) name: \_\_\_\_\_

1. List dates which student will miss school: \_\_\_\_\_  
\_\_\_\_\_
2. Briefly describe the nature of the alternate educational experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Briefly state reason(s) why student absence from school is appropriate and/or necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

TEACHER SIGNATURE	SUBJECT	DATE	APPROVED TO GO YES/NO	MAKE-UP WORK ARRANGED

**FOR OFFICE USE ONLY**

Application Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Reason(s): \_\_\_\_\_

Signature of Administration: \_\_\_\_\_