

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: _____