



Anticipated Absence Form

By signing below, I agree to the following:

- I acknowledge that although my student can make up assignments, the benefit of a knowledgeable teacher leading a class discussion cannot be replaced.
- I must be prepared to ensure that the education of my student continues during the proposed absence.
- Although teachers will do everything possible to provide work in advance, there may be additional assignments to make up when my student returns.
- In order to receive full credit, work must be turned in when my student returns to class unless other arrangements have been made with the teacher.

Please print all information:

STUDENT NAME	GRADE

Date/s of absence: _____

Parent Signature: _____

Administrator Signature: _____

PLEASE RETURN THIS FORM TO THE OFFICE.

FOR OFFICE USE ONLY	Received by	Date received	Teacher/s