

Pre-Planned Absence Form

Roosevelt High School

(Non Field – Trip version)

Student's Name: _____ Date(s) of Absence: _____

Destination: _____

Teachers initial appropriate space:	1	2	3	4	5	6
Will NOT need to make-up any work						
WILL require make-up work						
Will affect class progress and work CAN NOT be made up						
Puts student in danger of lower grade or failure						
Current Grade in Class:						

I HAVE READ THE ABOVE AND I AM AWARE OF THE TEACHER COMMENTS REGARDING THE EFFECT(S) OF THIS ABSENCE ON THE STUDENT'S CLASS PROGRESS.

Signature of Parent/Guardian _____ Date _____

(Signature shows that you give permission for absence)

RETURN FORM TO ATTENDANCE OFFICE