

NOTICE OF PLANNED ABSENCE

This form must be filled out completely, signed by parent, initialed by teachers and principal, and turned in to the office at least one school day before the absence is to occur.

Please excuse _____
(Student's Name)

from school on _____
(Date)

Reason for absence _____

This is being done with my knowledge and approval. I understand that this absence in no way absolves my child from his/her turning in assignments or taking examinations. Furthermore, I fully understand that my child's grade may be affected by his/her absence.

(Parent Signature) (Date)

Each teacher should initial their approval.

	Teacher	Assignment	Student is passing (Y/N)
Hour 1	_____	_____	_____
Hour 2	_____	_____	_____
Hour 3	_____	_____	_____
Hour 4	_____	_____	_____
Hour 5	_____	_____	_____
Hour 6	_____	_____	_____
Hour 7	_____	_____	_____
Hour 8	_____	_____	_____

(Principal's Signature) (Date)

___ Excused ___ Unexcused

The State of Kansas has identified an excused absence as: A) illness of the student, verified by the parent either orally to an administrator or in writing; B) doctor or dentist's appointment as verified by parent or doctor; C) death in the immediate family.

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