

FALL CREEK HIGH SCHOOL ANTICIPATED ABSENCE FORM

STUDENT NAME:

GRADE:

TELEPHONE:

ADDRESS:

REASON FOR ABSENCE:

DATES:

Dear Parents,
The School District realizes that from time to time, it is necessary for a student to miss school for reasons other than illness. Therefore, we request that this form be completed prior to any anticipated absence. All assigned work must be completed before the student leaves unless prior arrangements have been made with the teacher.

Parent Signature

THE STUDENT MUST HAVE THE SECTION BELOW COMPLETED *BEFORE THE DATE OF AN ANTICIPATED ABSENCE.*

- Column I Student will be allowed to make up work within the allotted time.
- Column II Student will not be allowed to make up work.
- Column III The type of work being done during absence cannot be made up.
- Column IV It is recommended that the student not be absent because their academic progress cannot afford the lost time.

| Period | Class | Teacher | I | II | III | IV | Comments |
|--------|-------|---------|---|----|-----|----|----------|
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Principal Signature