PLANNED ABSENCE FORM

Policy: Students and parents are strongly discouraged from using school days for absences other than medical or emergency reasons. Credit for any work missed due to a Planned Absence will be at the discretion of each teacher. This includes tests, quizzes, projects, etc.

Please Note: Students are not permitted to take a Planned Absence during classes the first week or the last two weeks of each semester inclusive of final exams. Students out of school during these weeks may yield academic consequences.

This form must be returned to the Dean’s Office **one week prior to the first day of the Planned Absence** – with all of the following information completed.

Name: ___________________________ Student ID#: ___________________________

Any absence from school is considered a serious matter and must be viewed as such by the student and his parents. It is the student’s responsibility to keep abreast of the subject matter. Please note that any absence not initiated by the school is used in the computation of total absences for Disenrollment purposes. (See Disenrollment in the Student Handbook).

Date(s) of Absence: ______________________________________________________

Reason for Absence: ____________________________________________________

______________________________________________________________________

Procedure:
1. Complete the top portion
2. Obtain teacher(s) signature to acknowledge your absence
3. Schedule an in-person appointment with your counselor to review the form
4. Once the Planned Absence form has been completed and reviewed, student will get a parent signature
5. Return the form to the Dean’s Office in O’Donnell one week prior to the Planned Absence

Teacher’s signature only acknowledges student will not be in class. Teachers still have discretion for any work missed.

1st Teacher: ___________________________

2nd Teacher: ___________________________

3rd Teacher: ___________________________

4th Teacher: ___________________________

5th Teacher: ___________________________

6th Teacher: ___________________________

7th Teacher: ___________________________

Counselor: ___________________________

Parent(s) Print Name and Signature: ______________________________________

Notes: __________________________________________________________________

______________________________________________________________________