

Lower School Planned Absence Form

Parents/Guardians: Please complete this form one-two weeks in advance when you anticipate that your child will be missing school for reasons other than illness. When completed, please return this form to the Lower School Office. We suggest that you personally contact your child's homeroom teacher. The office will notify your child's specialists. It is your responsibility to make arrangements with each teacher so your child can complete the missed class work.

Student's Name: _____

Grade/Teacher: _____

Date(s) of Planned Absence: _____

Reason for Absence: _____

For Office Use Only:

Student's Specialists:

Art Teacher _____

Music Teacher _____

Drama Teacher _____

Computer _____

Library _____

Physical Education Teacher _____

World Language Teacher _____

