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 ________________________