

Planned Absence Form

Chestnut School

	Date: /
Name of Student:	Grade:
I request that my son/daughter be exc	cused from school from
to, a	total of days.
Reason/Purpose:	
of the pending absence. The teacher will gi completed during the planned absence. All later than the day after the student has re	etors will sign this form indicating that he/she is aware rive the student any assignments that need to be assignments are to be completed and turned in no returned to school, unless otherwise arranged with take quizzes and tests on the same date as mentioned
	e that the student makes up this work. Parents will failure to submit the work may affect the student's
PARENT SIGNATURE	Date: /
Teachers: Please sign below, and give assi	ignments to students as soon as possible.
This completed form must be turned into planned absence.	o the office at least one day prior to the actual
Comme	ents/Assignment
	ents/Assignment