

CLEARWATER SECONDARY SCHOOL – PLANNED ABSENCE FORM

Directions:

1. The student should complete Part I and then have the form signed by a parent or guardian.
2. The student will take the form to each of their teachers affected by the absence and have Part II completed.
3. The completed copy is to be turned in at the office.

PART I

Student's Name: _____ # _____ Grade: _____

Date(s) of Absence(s): _____

(Check or circle one) All Day _____ A.M. _____ PM _____ or Block A B C D

Reason: _____

(Parent/Guardian Signature)

(Sponsor/Teacher/Administrator Signature)

PART II

Period 1: _____ **Teacher's Signature:** _____

Work that will be missed: _____

Make-Up Expectations: _____

Period 2: _____ **Teacher's Signature:** _____

Work that will be missed: _____

Make-Up Expectations: _____

Period 3: _____ **Teacher's Signature:** _____

Work that will be missed: _____

Make-Up Expectations: _____

Period 4: _____ **Teacher's Signature:** _____

Work that will be missed: _____

Make-Up Expectations: _____
