

## SCHEDULED ABSENCE PLAN

A two-week advance notification is required. Scheduled Absence Plans are not required for absences due to illness. \*\*The maximum number of days that will be considered for approval is three (3). \*\*\*Students who already have excessive absences and are at risk of losing semester credit may not be granted approval for this scheduled absence.

**First and Last Name(s) of Student(s)** **Grade**

1. \_\_\_\_\_ \_\_\_\_\_

2. \_\_\_\_\_ \_\_\_\_\_

Dates of absence \_\_\_\_\_

Number of days absent \_\_\_\_\_

Reason(s) for absence (be specific) \_\_\_\_\_

Phone numbers at which parents can be reached \_\_\_\_\_

- **Planned absences will not be excused during those days established for state testing or during the official October Count window.**
- **It is the responsibility of the students and parent/guardian to communicate with teachers to request work before the absence.**
- **No “late” grade extensions will be given for work due from scheduled absences. Work not turned in by deadline below will be a zero.**
- **When a student has more than fourteen (14) absences, excused or unexcused, from any class during a semester, credit will not be awarded and the class must be repeated.**

**I understand that this request may be declined. I also understand that this form must be approved before my student’s absence will be considered excused.**

**Parent/Guardian Signature** **Date**

\_\_\_\_\_ Approved (0-3 days) \_\_\_\_\_

\_\_\_\_\_ Unapproved (4+) \_\_\_\_\_

Reason for NOT being approved \_\_\_\_\_

\_\_\_\_\_ Dawn Batteiger/Principal’s Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Anne Fish/Attendance Secretary

\_\_\_\_\_ Date