ANTICIPATED ABSENCE FORM

Submission of this document is to be two weeks in advance of absence(s)

Student Name:_____ Grade:_____

Date(s) of absence(s):_____

Is this a scheduled visit to a college/university? _____ Yes _____ No

Student Signature:_____ Parent Signature:_____

The following is to be completed by the student in communication with teachers:

Class	Assignments	Due Date	Teacher Signature

Date received in office:_____

Administrator Signature:_____

Education is maximized under conditions of continuous and uninterrupted classroom instruction therefore, excessive tardiness and absences may be detrimental to optimal academic achievement. Students are required to meet the minimum of 90% attendance in each class to receive full credit. College/university visits require a verification form.