

# PLUMSTEAD CHRISTIAN SCHOOL

## PRE-PLANNED ABSENCE FORM

Student's Name: \_\_\_\_\_

Date(s) to be absent: \_\_\_\_\_

Briefly state reason for absence: \_\_\_\_\_

*I give permission for my son or daughter to be absent on the above day(s) and I have communicated with my student that he or she may be required to complete all **forward work before leaving** on the planned absence.*

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

**TO FACULTY:** I am aware of the Planned Absence of the above named student. I understand that I may require the completion of all work before his/her leaving. (Please sign below)

TEACHER	ASSIGNMENTS
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

This completed form must be submitted to the Secondary Principal *at least one day before* the Planned Absence.

Office Use Only:

Excused: \_\_\_\_\_

Date turned in: \_\_\_\_\_

# of total absences: \_\_\_\_\_