

KETTLE MORAINÉ MIDDLE SCHOOL

PLANNED ABSENCE REQUEST

Occasionally students will be absent from school for family vacations, medical procedures, etc. We request that students plan in advance for excused absences of this nature. All students are required to complete this planned absence request prior to their absence. **This absence may affect your child's grade. Activities such as simulations, role play, lab and group work cannot be duplicated through correspondence. "Make-up" work CANNOT be a substitute for the instructional classroom experience. If work is not completed by the time the child returns after an absence, homework completion will be assigned.**

NAME _____ **GRADE** _____

DATE _____ **DATES OF ABSENCE** _____

REASON FOR ABSENCE: _____

ASSIGNMENTS:

PERIOD 1: TEACHER _____

PERIOD 2: TEACHER _____

PERIOD 3: TEACHER _____

PERIOD 4: TEACHER _____

PERIOD 5: TEACHER _____

PERIOD 6: TEACHER _____

PERIOD 7: TEACHER _____

PERIOD 8: TEACHER _____

STUDENT DIRECTION:

1. Take this form to each teacher and have them write down your assignments along with their signature.
2. Have your parent sign the release form.
3. Return the release form to the front office for our records.

Regular attendance is important to a child's educational experience. Removing a child from regular attendance may impede their opportunities to learn required material. Your signature below indicates your acknowledgement that you have been advised that this absence may impede your child's opportunity to learn.

PARENT SIGNATURE _____