

PLANNED ABSENCE FORM
MORELAND HILLS SCHOOL

NAME OF STUDENT _____ DATE _____ GRADE _____

HOMEROOM TEACHER _____

My son/daughter needs to be absent from school for _____ days from _____ through
_____. Reason _____
_____.

I understand that each teacher will sign this form indicating that he or she is aware of the absence and will have the opportunity to give assignments.

As the parent, I agree to assume the responsibility that all assignments will be completed and returned to the appropriate teacher. Students may also be requested to make up any tests or quizzes that are missed.

Makeup work may be required, and the parents and students must accept full responsibility for that makeup work. Failure to complete such work may affect the student's progress.

THE SECTION BELOW IS TO BE COMPLETED BY THE STUDENT'S TEACHERS PRIOR TO THE SIGNING OF THIS REQUEST BY THE PARENT.

SUBJECT MISSED ASSIGNMENT & COMMENTS TEACHER'S SIGNATURES

I have read the above and understand the procedures that are in place at Moreland Hills School allowing for an extended absence.

Parent Signature _____

_____ Approve _____ Disapprove Principal or Designee _____

_____ Received by Attendance

