

HIGHLAND ELEMENTARY PLANNED ABSENCE FORM



DISTRICT MAIN PHONE: 330-239-1901

GRANGER ELEMENTARY: EXT. 2100

HINCKLEY ELEMENTARY: EXT. 3100

SHARON ELEMENTARY: EXT. 4100

STUDENT'S NAME: _____

GRADE: _____ TEACHER: _____

Purpose of Absence: _____

Date(s) of Absence: _____

The school recognizes that many parents are involved in planned absences during the school year. We ask that parents use good judgment in taking their child from school for these absences and should consider the child's classroom achievement at the time of the absences.

The school will assist with classroom assignments if the absence is more than two days and requests are made three days in advance. The school does reserve the right to expect any written assignments that are given to be returned and subject to grading.

I fully understand my responsibilities in taking my child from school for an extended planned absence. All assignments made for the planned absence period shall be completed and turned in on the first day of the student's return to school.

Parent/Guardian Signature: _____

Teacher's Comments: _____

Teacher Signature: _____

Principal Signature: _____