

Student's Name:

Lower School Planned Absence Form

Parents/Guardians: Please complete this form one week in advance from when you anticipate your child will be missing 3 or more consecutive school days for other reasons then illness. When completed, please return this form to the Lower School Office. The Lower School Office will notify your child's homeroom teacher and specialist teachers. If your child's teachers have any assignments that need to be completed while your child is away, they will reach out to you directly to make arrangements.

Grade/Teacher:	
Date(s) of Planned Absences:	
Reason for Absence:	
Parent/ Guardian Signature:	
For Office Use Only:	
Administrator Signature:	
Notified Teachers:	-