



Planned Absence Form

Chestnut Intermediate School

Date: ___/___/___

Name of Student: _____ Grade: _____

*I request that my son/daughter be excused from school from _____
to _____, a total of _____ days.*

Reason/Purpose: _____

*I understand that each of my child's instructors will sign this form indicating that he/she is aware of the pending absence. The teacher will give the student any assignments that need to be completed during the planned absence. **All assignments are to be completed and turned in no later than the day after the student has returned to school, unless otherwise arranged with the teacher.** Students may be requested to take quizzes and tests on the same date as mentioned above.*

The school is taking no responsibility to see that the student makes up this work. Parents will assume responsibility and must realize that failure to submit the work may affect the student's grade.

Teachers: Please sign below, and give assignments to students as soon as possible.

PARENTS SHOULD SIGN THIS FORM AFTER ALL THE TEACHERS HAVE HAD A CHANCE TO SIGN IT. This completed form must be turned into the office at least one day prior to the actual planned absence.

Course/Subject	Teacher's Signature	Comments/Assignment
Math		
Social Studies		
Science		
Language Arts		

Principal's/designee Signature

Parent's Signature