

PLANNED ABSENCE

_____ **Raeann Huhn, Principal** **Date:** _____

Cumulative absences _____

NOTE: PRINCIPAL'S SIGNATURE OF APPROVAL IS REQUIRED 3-DAYS PRIOR TO ABSENCE(S) AND TEACHER'S SIGNATURES

_____ is planning an off campus event/field trip to _____
(Student Name)

for _____ on _____, _____
(reason) (day/days) (date/dates)

TEACHER ACKNOWLEDGEMENT OF NOTICE

PERIOD	COURSE	TEACHER'S SIGNATURE	COMMENTS
0			
1			
2			
3			
4			
5			
6			
7			
8			

PARENT CONSENT

I am the custodial and responsible parent/guardian of _____
(Student)

I request that St. Francis High School allow my child to participate in the above-mentioned activity. I understand that my child is responsible for completing any missed schoolwork, following the event. I understand that the absence will count toward my child's absence limit as defined in the *Student – Parent Handbook*.

Parent/guardian Signature _____ Date _____

STUDENT CONSENT

I understand that it is my responsibility to arrange to make up any missed schoolwork. Failure to do so will result in an unsatisfactory grade for the work.

Student Signature _____ Date _____

Dean Signature _____ Date _____