

## REQUEST FOR PLANNED ABSENCE

**PURPOSE:** This form is for students who know in advance that they will be absent from class(es). In order to qualify as an excused absence, parents must verify that they have given prior permission for the absence and students must not exceed 8 absences per semester. This process also notifies the faculty that the student will be absent from their class on the specified dates. This form must be completed and turned in at least five school days prior to the planned absence.

STUDENT'S NAME: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

DATE(S): \_\_\_\_\_ through \_\_\_\_\_ (\_\_\_\_\_ school days total)

REASON FOR ABSENCE:  Medical  Family Trip  OTHER \_\_\_\_\_

	Course Name (Study Halls do not need to included)	# of Absences for current semester	Current Grade in course	Check to indicate that teacher has been notified
Period 1)	_____	_____	_____	_____
Period 2)	_____	_____	_____	_____
Period 3)	_____	_____	_____	_____
Period 4)	_____	_____	_____	_____
Period 5)	_____	_____	_____	_____
Period 6)	_____	_____	_____	_____
Period 7)	_____	_____	_____	_____
Period 8)	_____	_____	_____	_____

We understand that in accordance with school policy, teachers are not expected or required to reteach material missed during planned absences. If assistance is needed to learn the material or prepare for assessments given during the absence, students may need to work with a tutor at their own expense. We understand that students are responsible for contacting teachers to get the assignments that were missed and that students are allowed one day to make up homework or assessments for each day of absence up to five days. A student who has missed **nine** or more classes (including excused and planned absences) in one course during a semester may be placed on Academic Restriction or Probation (both of which will result in loss of privileges such as open campus), may have their course grade lowered due to lack of class participation, or may be denied credit for the course.

STUDENT SIGNATURE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

**TURN IN COMPLETED FORM TO THE OFFICE OF THE DEAN OF STUDENTS (OR SCAN AND EMAIL to [ewood@johnbapst.org](mailto:ewood@johnbapst.org))**

**DEAN OF STUDENTS:**  APPROVED (Will be recorded as an excused absence)  
 NOT APPROVED (Will be recorded as an unexcused absence)

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

**ADMINISTRATIVE OFFICE:**  Attendance Recorded in PowerSchool Date: \_\_\_\_\_