

MS Pre-Planned Absence Form

Return the completed form at least 3 days prior to the scheduled absence. Today's Date: ____/ ___/ 201_ Student Name: _____Grade:______

(print name) Dates of Planned Absence: ____/ ___/ 201_ to ____/ 201_ Purpose of absence: Number of assignments currently missing in all classes (circle one): 0 1-2 3-5 6-8 more than 8 Number of Days Absent Prior to this Upcoming Absence _____ We understand that 1. the student will take the responsibility to meet with each teacher and make up missed course work; 2. the teacher's Moodle page is the best source for viewing class content and assignments; 3. teachers are not required to reteach material missed during planned absences; 4. the student will be eligible to receive full credit for work missed if it is completed within the following time frame: # of days missed plus one (if the student misses five class periods, the material is due before the end of the day following the sixth class after returning); 5. if the work is not completed within this time frame, the teacher will assign a new due date for completion and will award a maximum value of 70% for the work; 6. work not completed by the due date for 70% may affect participation in a Providence Academy sponsored extra-curricular activity; 7. any assessment collected during an unexcused absence is still required but may earn no more than 50%. Student Signature Student Name (Print) Parent Signature Office Use Only: _____ Excused _____Unexcused absence

Office Signature: