

***Please note: This form must be Signed by all teachers including Specialist before getting approved by Administrator.**

Philip W. Sugg Middle School

Planned Absence Request

Student Name: _____ **Grade:** _____ **Date:** _____

To: Philip W. Sugg Middle School Staff:

The above named student is requesting a "Planned Absence" privilege for the following dates:

Days to be absent: _____

Reason for absence: _____

Please indicate your reactions as to the impact of the request on the students class performance:

Subject	Comments	Teachers Signature

To Parent:

Your son/daughter is requesting a "Planned Absence" privilege as noted above. Regular attendance and the fulfillment of course assignments are essential to optimal school success. We would like to emphasize that this is the responsibility of the student and parents to obtain all necessary assignments for homework before the "Planned Absence:..

Your signature reflects your understanding of your responsibility for the effect of the proposed absence on your child's school work and the obligation necessary for completing missed assignments.

Parent's Signature: _____ **Date:** _____

___ **Approved** **Principal's Comments:** _____

___ **Denied** _____