

PLANNED ABSENCE FORM

Lutheran High School of Kansas City

To be completed and **returned** to the office **at least two days** prior to the planned absence.

Student: _____ **Grade:** _____ **Date(s) of Absence:** _____

Detailed Reason for Absence: _____

This absence is : Absent Unexcused Absent Excused as approved by: _____
Administrator

Please note: The school does not excuse students for early vacation departures; extensions of vacation; or other absences that are not a consequence of family or medical emergencies, senior college visits, medical appointments, or school sponsored activities. **Students are held responsible for seeing each teacher for homework and any missed material for both excused and unexcused absences.** Additional information concerning absences may be found in the school handbook.

Teachers: Please indicate what classwork the student will miss and homework to be completed during this time. Any concerns about the effect of missed classes on the student's overall progress may also be noted.

Period	Teacher	Class	Assignment/Comments
A	_____	_____	_____
B	_____	_____	_____
C	_____	_____	_____
D	_____	_____	_____
E	_____	_____	_____
F	_____	_____	_____
G	_____	_____	_____
H	_____	_____	_____

Parent/Guardian (PLEASE READ): By signing below, you indicate that you have read all the comments and are aware of the work your student will miss. Your student will be held responsible for all missed material.

Parent/Guardian Signature: _____