Copley High School
Pre-Planned Absence Form

DATE_____ GRADE _____

NAME OF STUDENT _____ I request that my son/daughter, be absent from school _____number of days from _____ to _____inclusive.

Reason:_____

_____.

I understand that each teacher will sign this form indicating he/she is aware of the impending absence and will have the opportunity to complete assignments. A copy of this form will be returned to the student.

The student agrees that all assignments are to be completed and turned in no later than the day the student returns. (Completed assignments may be requested by the teacher prior to the absence.) Students may also be requested to make up any tests or quizzes on the day they return.

The school is taking no responsibility to see that the student makes up this work. Parents will assume responsibility and should know that it could affect school marks.

Note: A maximum of 5 family vacation days for the school year is allowed. Any days in excess of this limit will be deemed as an unexcused absence.

PARENT SIGNATURE _____

Teachers, please sign below. Write any comments you wish to make.

SCHEDULE	CURRENT GRADE	TEACHER'S SIGNATURE	COMMENTS/ASSIGNMENTS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Principal's Approval _____

THIS FORM MUST BE RETURNED TO THE PRINCIPAL'S OFFICE THREE SCHOOL DAYS PRIOR TO THE ABSENCE UNLESS EXTENUATING CIRCUMSTANCES.