

**TRI COUNTY AREA HIGH SCHOOL**  
**Planned Absence Request Form**

Student's Name \_\_\_\_\_

Date of Absence(s) \_\_\_\_\_

Reason for Absence \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the school with your student so each of his/her teachers can provide input. After each teacher has signed this, your student is to return it to the high school office. A copy of the completed request form will be returned to take home.

The decision to approve or deny the request will generally be based upon the following criteria:

- 1.The extent of earlier absences
- 2.Successful academic performance
- 3.General
- 4.Length of absence

	<u>SUBJECT</u>	<u>TEACHER</u>	<u>APPROX. GRADE</u>	<u>COMMENT CODE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Assistant Principal \_\_\_\_\_

\_\_\_\_\_  Approved  Denied

- Approval Granted.....Worked to be made up in advance
- Approval Granted.....Arrangements to make up work have been made with student
- Not Recommended.....Student is failing this class and cannot afford to miss class time
- Not Recommended.....Student has missed too much class time to date and cannot afford to miss more.

