

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.

