CAPE ELIZABETH HIGH SCHOOL
PLANNED ABSENCE FORM

This application must be signed by your parent first and then by each of your teachers before being submitted to the Principal's office.

NAME_____ OFFICE ACKNOWLEDGMENT_____

GRADE_____ DATE_____

TO: FACULTY
The above named student has notified us of a planned absence for the following day/days_____

For the purpose of _____

Teachers, please indicate briefly below your reactions as to the impact of this absence on his/her class performance.

PERIOD SUBJECT COMMENTS TEACHER'S SIGNATURE

_____

_____

_____

_____

_____

_____

_____

_____

Dear Parent:
You and your student are indicating by completing this form that an absence will occur as described above. This form notifies us of the absence, gives us a chance to advise you as to possible impact on academic performance and provides an opportunity to give information relative to missing assignments. It is important to note that the student is responsible for making up all missed work.
Despite everyone's best efforts and intentions, it is simply not possible to recreate the class discussions, labs and lectures that students miss when they are out of class for an extended time. For most students, an extended absence has a negative academic impact. In the case of vacations taken outside of normal school vacation times, parents and students must assume full responsibility.
Your signature below reflects an understanding of the above.

Parent Approval_____ Date_____