

**Community High School District 99 North
Attendance Office**

PLANNED ABSENCE APPLICATION

This form must be completed anytime a student anticipates being gone from school for 2 or more days and must be submitted for approval at least 1 week *in advance* of the planned absence.

Student's Name: _____ Student ID: _____

Today's Date: _____ Reason for absence: _____

First date of absence: _____ through last date of absence: _____

Student should fill in academic schedule below and have Teachers sign it. It must also be signed by the student's Counselor, Dean, and Parent/Guardian and returned to the Attendance office the next day.

PERIOD	CLASS	SIGNATURE	COMMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parents are discouraged from taking students on vacation during the school year. **If approved, the above days being requested will be counted toward the 6 days per semester that can be excused before documentation may be required.** If it is your decision to take your student out of school, you are encouraged to check with your student's Teachers, Dean or Counselor before completing this form, especially if he/she has had academic concerns.

Parent's signature: _____ Date: _____

Counselor's signature: _____ Date: _____

Dean's signature: _____ Date: _____