KEYSTONE HIGH SCHOOL

REQUEST FOR EXCUSED FUTURE ABSENCES-PLANNED ABSENCE

DATE ______________________

STUDENT NAME __________________________________________________________

GRADE __________________

This form must be completed 2 days prior to the planned absence whenever a student will miss 1 or more days of school when the absences are known in advance. *The request cannot exceed 5 days in length.* Only 5 Vacation days will be approved as excused absences during a school year. All vacation days beyond the allotted 5 will be marked as unexcused and no credit for missed schoolwork will be given.

Please return this form to the high school office when completed.

DATES OF REQUEST _________________________________________________________

REASON FOR REQUEST _______________________________________________________

Have you used any vacation days this school year and if so how many _________________________________

PARENT OR GUARDIAN SIGNATURE _____________________________________________

Total school days to be missed ______________

Teachers: If you feel that this student cannot afford to miss the requested days due to low grades or poor attendance please signify here:

1st Period Teacher: ____________________________________________________________________

2nd Period Teacher: ____________________________________________________________________

3rd Period Teacher: ____________________________________________________________________

4th Period Teacher: ____________________________________________________________________

5th Period Teacher: ____________________________________________________________________

6th Period Teacher: ____________________________________________________________________

7th Period Teacher: ____________________________________________________________________

OFFICE USE ONLY

APPROVED __________________

DISAPPROVED __________________