The Center School
Pre-Planned Absence Form

This form is to be used for 3 or more days of absences.
***This form must be submitted to the Attendance Office 1 week prior to absence.**

I. TO BE COMPLETED BY FACULTY SUPERVISOR Today's Date _____

Student's Name _____ Faculty Supervisor _____

Date(s) of Absence _____ Leave Time _____ Return Time _____

Destination _____

TRANSPORTATION: (To be completed for all field trips.)

School Bus _____ Commercial Carrier _____ Private Auto _____ (Driver's Insurance Required)

II. TO BE COMPLETED BY CLASS TEACHERS BEFORE PARENT SIGNS

Teachers initial appropriate space.	**PER. 1**	**PER. 2**	**PER. 3**	**PER. 4**	**PER. 5**	**PER. 6**	**PER. 7**	**PER. 8**	**PER. 9**
Will not need to make up any work.									
Will require make-up work.									
Will adversely affect class progress and work **cannot** be made up.									
Puts student in danger of lowered grade or failing the course.									
Current grade in class.									

III. TO BE COMPLETED BY PARENT

EMERGENCY/MEDICAL INFORMATION (To be completed for field trip only.)

Medical/Health provisions the field trip supervisor should be aware of are listed below (especially important for out-of-town field trips).

Special Medical/Health Conditions _____

Medications _____

(Note: Any medication carried by a student should be in a container labeled with the student's name, name of medication and dosage.

In case of emergency, the supervisor may contact me at the following number _____

If contact cannot be made, the supervisor has permission to seek emergency medical are for my son/daughter.

I HAVE READ THE ABOVE AND AM AWARE OF THE TEACHER COMMENTS REGARDING THE EFFECT OF THIS ABSENCE ON THE STUDENT'S CLASS PROGRESS.

☐ I GIVE MY PERMISSION FOR THIS ABSENCE.
☐ I DO NOT GIVE MY PERMISSION FOR THIS ABSENCE.

_____ _____
Parent/Guardian Signature Date Principal Signature Date