Minocqua J1 School District Grades 6-8 Request for Planned Absence

Date:	Homeroom Teacher:	
Student Name:	Grade:	
Parent/Guardian Signature:		
Date(s) of Absence:		
Reason for Absence:		

To the Principal: I fully Realize I will lose the benefits of class participation if I am absent from school. However, I hereby make application to have my absence indicated above considered a family excused absence. I realize I must obtain the signatures of all my teachers before turning this form into the office at least 2 school days before the first date of absence. I am also aware that it is my responsibility to make arrangements with teachers to make up any work that will be missed.

Student Signature:]	Date:	
Period	Class	Teacher Signature	Teacher Recommendations	
We are Firebirds				
1st Hour				
2nd Hour				
3rd Hour A				
3rd Hour B				
4th Hour A				
4th Hour B				
5th Hour A				
5th Hour B				
6th Hour				
7th Hour				
8th Hour A				
8th Hour B				

____ Date Received (Planned Absence Forms must be turned in to the attendance secretary at least 2 school days before the first day of absence)

__ Approved ____Denied

Principal Signature: _____

Date: _____