

Minocqua J1 School District
Grades K-5 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 my child will lose the benefits of class participation if he/she is absent from school. However, I hereby make application to have his/her absence indicated above considered a family excused absence. I am also aware that it is my responsibility to make arrangements with his/her teacher to make up any work that will be missed. I understand that I should submit this form to my child's teacher for signature at least four school days prior to the first date of planned absence.

Parent/Guardian Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Teacher's Comments: _____

_____ 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

Signature: _____ Date: _____