



## Planned Absence Form

This form should be completed **at least one (preferably two) weeks** in advance of planned absence.

For Approval:

- Lower School forms must be returned to the **Nurse in Klee**
- Middle School forms must be returned to the **Middle School Assistant in Fanger**

Today's Date:

\_\_\_\_\_

Student Name:

\_\_\_\_\_

Grade (circle):      K      1      2      3      4      5      6      7      8

Student will be absent from school beginning (date): \_\_\_\_\_

Student will return to school on (date): \_\_\_\_\_

Reason for absence: \_\_\_\_\_

\_\_\_\_\_

*I realize that absences from school may affect my child's academic performance.*

Parent Signature: \_\_\_\_\_

Received by the Nurse: \_\_\_\_\_

Received by Middle School Assistant: \_\_\_\_\_

*(MS Assistant please bring completed form to the Nurse)*