

**HURON HIGH SCHOOL
PRE-PLANNED ABSENCE/EDUCATIONAL ACTIVITY**

Last name of student: _____ First name: _____

Grade: _____ ID #: _____

Date(s) of absence: _____

Reason for absence (Include the constructive educational activities that will take place during the absence):

Class schedule and teacher acknowledgement

	Course	Absences	Current Grade	Comments	Teacher Signature*
1					
2					
3					
4					
5					
6					
7					

*Each teacher must sign to acknowledge awareness of the possible absence. This does not indicate endorsement.

To Parent/Guardian

After above information is complete, if you agree with the absence request, please sign.

Signature of Parent/Guardian: _____ Date: _____

PLEASE RETURN THIS FORM TO THE STUDENT'S GRADE LEVEL OFFICE

() APPROVED

() DENIED

Class Principal

c: Parent/Student
Counselor
Administrator