

## 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):

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### 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