

Planned Absence Form

Centennial Baptist School

Student Name: _____

Date(s) of Absence: _____

Reason for Absence: _____

Please have teacher(s) fill out assignments that need to be completed during absence(s).

Subject:	Assignment(s):	Due Date:

The student is responsible for all assignments missed during their absence. Assignments not turned in within a reasonable time may have an effect on the student's grade(s).

Return completed form to the school office before your absence.

Parent/Guardian Signature: _____ Date: _____

Homeroom Teacher Signature: _____ Date: _____

Administrator Signature: _____ Date: _____