

PLANNED ABSENCE MAKE-UP SHEET

Student Name: _____

Date of Absence: _____ Grade: _____

Absent All Day Departure Time: _____

School Activity Personal

Reason for Absence: _____

LCS expectations are for work to be completed THE DAY AFTER your planned absence.

On the form below, list each class, assignment(s), and have your teacher initial. (Teacher initials signify that work has been completed or, in special circumstances, other arrangements have been made.) Return completed form to the office the day BEFORE you plan to be absent.

I give consent for my son/daughter to miss school for the above-named dates.

Parent signature: _____

Class Period	Class Name	Assignment	Teacher Initials
1 st period			
2 nd period			
3 rd period			
4 th period			
5 th period			
6 th period			
7 th period			
8 th period			