

SCHOOL DISTRICT OF RHINELANDER
Request for Planned Absence

Grades K-5

Student Name _____ Grade _____

Address _____

Parent/Guardian _____

Date of Application _____

Date(s) of Absence _____

Reason for Requesting Planned Absence _____

To the Principal:

I fully realize my child will lose the benefits of class participation if he/she is absent from school. However, I hereby make application to have his/her absence, indicated above, considered as an excused absence. I am also aware that it is my responsibility to make arrangements with his/her teachers to make up any work that will be missed.

Parent Signature _____ Date _____

To the Teacher:

Sign when arrangements for make-up work have been completed.

Teacher Comments:

Teacher's Signature _____ Date _____

Principal Approval/Denial _____ Date _____