

Student must COMPLETE AND RETURN THIS FORM TO THE LMHS OFFICE 1 day prior to the scheduled Absence(s).

LMHS Pre-Planned Absence Form

Student Name: _____ Grade: _____

Date of Absence: _____

Reason for Absence: _____

Please provide this student with the necessary assignments for the above date(s). It is understood the student is responsible to complete all assignments and contact their teachers for clarification on any assigned or missed work. All quizzes and make-up tests are to be arranged upon the student's return to class. *Students are allowed a total of ten days of excused absences. This includes pre-planned/family request absences. After that amount, the absence(s) will be unexcused, unless an exception is made by administration.*

Class/Period	Assignment	Teacher

I understand my child will be absent from school at my request during the date(s) listed above. I agree that my child is responsible to complete all missed assignments within the required time limit. **I also understand that the maximum days my child will be excused for is 10. Any days over 10 will be considered for truancy.**

Parent/Guardian Signature: _____ Date: _____

Principal Signature: _____ Date: _____