

**Planned Absence Form
Lakeside Upper School**

To be completed and returned to the **ATTENDANCE OFFICE** date of absence.

Student _____ **Days/Dates of absence** _____

Note: The school does not excuse students for early vacation departures, extensions of vacations, or other absences that are not a consequence of family or medical emergencies, or a required Lakeside program.. Parents should understand that students will be held responsible for the material missed but that teachers are under no obligation to give credit or coaching for missed assignments or tests, or to make special accommodations or arrangements in the event of such absences.

Reason for absence _____

Teachers: Please indicate what the student will miss during this time and indicate any concerns about the effect of missed classes on this student's overall progress. Use the reverse and/or attachments as necessary.

Teacher	Course	Comment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian: Please do not sign until the above section has been completed. Your signature indicates to us that you have read all of comments and are aware of the work that your student will miss. You should understand that students will be held responsible for the material missed, but that teachers are under no obligation to give credit or coaching for missed assignments or tests, or to make special accommodations or arrangements in the event of unexcused absences (as described above). Please consider the effect of these absences on your student's overall progress.

Parent/Guardian signature _____ Advisor signature _____