## PLANNED ABSENCE FORM

Lakeside Upper School

Please <b>COMPLETE</b> & return to the <b>ATTENDANCE OFFICE</b> before the date(s) of absence.							
1.	Student: _		Grade:	_ Date(s) of	Date(s) of Absence:		
	Reason for	Absence:					
	Director Th	is absence is approved t	oy: US Ass	sistant Director	<del></del>	Absent Excused Absent Unexcused	
eme Tea	rgency. Absences due	to religious holidays, senic	or college visits, or oth	er Lakeside progr	ams will be excu	bsences that are not a consequence of a family or medical used. Students are held responsible for any missed coursework. nce is considered unexcused. Planned absences are reviewed or	ı a
2.	2. Teachers: Please indicate what the student will miss during this time as well as any concerns about the effect of missed classes on the student's overall progress. Use the reverse and/or attachments as necessary. DO NOT SIGN UNTIL SIGNED ABOVE BY US ASSISTANT DIRECTOR.						
	Period	Course	Teacher \$	Signature		Teacher Comment	
	1				_		
	2						
	3						
	4						
	5						
	6						
	7				<del></del> =		
	8						
3.	3. Parent/Guardian & Advisor (Please read): Please sign below to indicate that you have read all the comments and are aware of the work your student will miss. Your student will be held responsible for all missed material, and in the case of an unexcused absence, teachers are under no obligation to make special accommodation for your student regarding any missed coursework. Please consider the effect of this planned absence on your student's overall progress.						
	Parent/G	uardian Signature: _			Advisor S	Signature:	
RETURN TO MS. WONG IN THE STUDENT CENTER WHEN COMPLETED							