

PLANNED ABSENCE FORM

MUST BE COMPLETED TWO WEEKS PRIOR TO INTENDED ABSENCE

We desire to give every child the best educational experience possible here at BCS. We strive to keep the 178 days of school sacred for this noble task. Of course we recognize that there are occasionally legitimate reasons for absence such as illness, injury, funerals of family members and possibly doctor or dentist appointments that simply cannot be scheduled outside of school time. As a school we also have an awareness of rest, Sabbath and family time but ask that you help us balance this with the value of all children being able to take advantage of the days set aside in the year for school. Please seriously consider how frequent and/or extended absences may affect the continuity of your child's academic progress. With this in mind please read the information below carefully.

Jennifer Smith, Principal Kevin Dunning, Superintendent

I _____ intend to have my child, _____
(parent/guardian name) *(student name)*

be absent from _____ class from _____ to _____.
(teacher) *(date)* *(date)*

For the following reason: _____

This is the _____ planned absence during the school year for my child.
(1st, 2nd, 3rd, etc.)

I understand that my child will be missing educational opportunities, lessons, and activities that cannot be recreated or made up by merely completing homework assignments that would accompany those opportunities. I understand that this absence may impact my child's overall potential for learning in a particular topic area or skill.

I understand and accept the expectation that any assignments that may be given prior to my child's absence should be completed and returned on my child's first day back at school. I will support and aid my child appropriately, ensuring the completion of his/her work. I understand that the teacher may have additional missed homework for my child to complete upon his/her return.

I understand that my child's teacher and/or school may have reservations about this absence and may make written comments or request a conference regarding this or future planned absences.

(signature of parent)

(date)

When you have completed this side of this form,
please turn it into the Mack Elementary Office.

PLANNED ABSENCE PERMISSION FORM

For the Teacher:

- I am prepared to give assignments to be completed during the absence **which will be completed and returned** upon the child's first day back at school.
- I am prepared to give assignments upon the student's return to be completed after the absence, which will be due on dates to be determined by the teacher.
- I am not prepared to give assignments to the student for the following reasons:

- I would like a meeting with the principal and the parents regarding this planned absence.

Other comments: _____

Teacher Signature: _____

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TO: _____
(teacher)

- I concur with your remarks
- I will have arrangements made for a conference with the parents, please let me know What day and time is best for you.

(principal)