

Trinity Lutheran School
Student Planned Absence Request

Student Name _____ Grade _____

Dates for Requested Absence _____

Reason for Absence _____

Please choose one:

_____ My student will complete any available homework before returning to school.

_____ My student will complete missed work upon returning to school.

Parents/Guardians understand that Trinity Lutheran School does not condone planned absences. Parents/Guardians agree that the student is responsible for completing missed assignments, making up missed projects and tests, and catching up with the class upon return. Teachers are not required to provide every assignment in advance. Classroom assignments can/do occasionally change from the original plans.

Parent/Guardian Signature _____

Date _____

Teachers: Please sign as acknowledgment of receipt of this form and indicate homework availability.

Teacher _____ Date _____

_____ Homework/assignments/tests will be available early.

_____ Homework/assignments/test will not be available early.

Teacher _____ Date _____

_____ Homework/assignments/tests will be available early.

_____ Homework/assignments/test will not be available early.

Teacher _____ Date _____

_____ Homework/assignments/tests will be available early.

_____ Homework/assignments/test will not be available early.

Student's Current GPA _____

My signature is acknowledgment of receipt of this completed form.

Kim Wright, Principal

_____ Date _____