## SCHOOL DISTRICT OF NEW LONDON PRE-PLANNED ABSENCE FORM

Student Name:		Grade:	Date of Application:	
Reason for Absence:		Date(	Date(s) of Absence:	
make app obtain the my respo	lize that I will lose the benefits oblication to have my absence indesignatures of all my teachers to make arrangements when the control of t	icated above be considered before requesting administ with my teachers to make		
PERIOD	CLASS/SUBJECT	TEACHER SIGNATURE	TEACHER COMMENTS	
Student Sigr	nature	Parent Sig	nature	

Administration Approval: