SCHOOL DISTRICT OF NEW LONDON
REQUEST FOR PLANNED ABSENCE

Student Name: _____ **Year in School:** _____

Date of Application: _____ **Date(s) of Absence:** _____

To the principal:

I fully realize that I will lose the benefits of class participation if I am absent from school. However, I hereby make application to have my absence indicated above be considered as an excused absence. I realize I must obtain the signatures of all my teachers before requesting administrative approval. I am also aware that it is my responsibility to make arrangements with my teachers to make up any work that will be missed.

To the teachers:

Sign when arrangements for make-up work as required by the teacher have been complete.

PERIOD	CLASS/SUBJECT	TEACHER SIGNATURE	TEACHER COMMENTS

_____ _____
Student Signature Parent Signature

Administration Approval: _____

Exhibit 1 to Policy/Procedure 431—Revised September 2012