

**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
EB			
1			
2			
3			
4			
5			
6			
7			
8			

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

Administration Approval: \_\_\_\_\_