



### Anticipated Absence

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Will be absent for the following day(s): \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

Type of Absence: ☐ School Function ☐ Personal ☐ Medical ☐ College Day

All parents and students should be familiar with PCHS attendance policy in the School Handbook. This anticipated absence form will not in any way change the handbook policies. An administrator of PCHS must sign this form. Teachers will provide assignments, if possible, for the time the student will be absent. If the teacher is unable to provide assignments because of the nature of the instruction; i.e. class discussion, tests, etc., the student will have to make a decision as to whether or not to take the absence and no credit for the days missed or be present in class. The teacher may require make-up work, to be completed in advance.

**PROCEDURE:** This form should be given to all of your teachers whose classes you will be missing. Your teachers will sign this form, which will only indicate to the office that they are aware you will not be in class for the day(s) anticipated and they have informed you of the consequences of the absence. This form is to be completed and returned to the front office prior to the day of the absence.

#### SUBJECTS TO BE MISSED

#### TEACHER SIGNATURE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

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I have read the student handbook and understand the consequences of missing the day(s) requested.

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

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

\_\_\_\_\_  
Administrator Signature