

**Planned Absence Contract**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_  
Learning Coach Name: \_\_\_\_\_

Planned Absence Contract must be submitted to the school for approval at least one (1) week prior to the planned absence. A separate contract must be completed for each child.

The above-named student will be absent from school work (Class Connect Session/Assignments) for the following date(s)\_\_\_\_\_.

The reason for this absence is: (please select one (1) of the following)

\_\_\_\_ Religious Holiday

\_\_\_\_ Medical Leave for Student

Nature of Medical absence: \_\_\_\_\_

\_\_\_\_ Family Trip / Vacation

Any vacations scheduled during required testing times will not be approved.

\_\_\_\_ Other planned absence

Please explain the nature of this planned absence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the Parent/Guardian/Learning Coach, understand that the Academy may deny my request for excused absences for my student. I understand that if the planned absence is not approved, my student will not be provided extra time to make up their missing work and that the late work policies will be enforced. I understand that if the planned absences are approved, my student will have two (2) school days for every day absent to be able to make up their missing work. Example: if my student is out of school for two (2) days, they will have four (4) days to make up the missing work.

Learning Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Learning Coach, please forward this signed contract to the student's homeroom teacher at least one (1) week prior to the planned absence.*

Homeroom Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date contract was received by homeroom teacher: \_\_\_\_\_

Absence approved by homeroom teacher:  Yes or  No