

METEA VALLEY HIGH SCHOOL
Procedures for Planned Absences of Three Days or More

(To be completed by Student)

Name: _____ ID # _____ Year in School _____

My first day absent will be _____ (date). I will return to school on _____ (date).

The reason for this absence is: _____

*****Students who are absent for 10 DAYS or more will be dropped from our system and re-enrolled upon return.**

1. The decision for the absence is the responsibility of the parent and the student. It should be made with consideration of the student's current status in school and serious thought given to the impact of the absences.
2. All Makeup work will be arranged in advance of leaving to the satisfaction of the teacher if credit for the work is expected. It is the student's responsibility to arrange for and complete the work by the required deadline.

To be completed by House Member:

House Member Initials: _____

Absences to date per period, if applicable.

Parent Signature: _____
 (I understand the impact of these absences and agree that my son/daughter must take responsibility for following the expectations set forth by his/her teachers in this matter.)

Dean's Signature: _____

	Class	Assignments/Exam Makeup Date	Teacher's Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			

Student: _____

Please return this completed form to your Class House.