

METEA VALLEY HIGH SCHOOL
Procedures for Planned During Semester/ Final Exams

(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. Absences during EXAMS must first be approved by the Principal. Please attach your written request to this form and bring it to the Main Office.
2. 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.
3. It is expected that all exams will be *made up in advance of the absence. Exceptions are made only by teacher request.* It is the student's responsibility to arrange for and complete the exams.

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.)

Principal'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.