DRUMMA		<b>GOODMAN MIDDLE SCHOO</b>
		Planned Absence Form
	Student Name:	Grade:

Dates of Absence: \_\_\_\_\_\_

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

## **TEACHER NOTIFICATION & REQUEST FOR ASSIGNMENTS:**

Period 1		
	Subject	Teacher Initials
Period 2		
	Subject	Teacher Initials
Period 3		
	Subject	Teacher Initials
Period 4		
	Subject	Teacher Initials
Period 5		
	Subject	Teacher Initials
Period 6		
	Subject	Teacher Initials
Period 7		
	Subject	Teacher Initials

By signing this form, I acknowledge that my student's learning experience will be impacted by long term absences. I also understand that it is my student's responsibility to return completed assignments provided for this absence or complete the assignments as required by the teachers upon return.

Parent Signature	Date	Student Signature	Date
Attendance Office Signature	Date	Principal Signature	Date

Work Provided