



Fredrick H. Tuttle Middle School

Planned Absence Form

Student's Name:			
Grade:		Team:	
TA Teacher:			
Planned absence date(s):			
This is a planned absence for the purpose of:			
Parent/ Guardian Name:			
Signature of Parent/ Guardian:			
Student's signature:			

After all teachers have signed, RETURN this form to the Attendance office
 48 HOURS BEFORE YOUR PLANNED ABSENCE.
 Pre-approved planned absences allow students to make up work missed during the planned absence.
 A copy will be made for you to take to while you are away. Thank you

Teacher Section			
Period	Subject	Assignments	Teacher Signature
TA			
Period 1			
Period 2			
Period 3			
Period 4			
Period 5			
Period 6			
Period 7			
Period 8			
Period 9			

Counselor Signature: _____

This planned absence will be considered ____ Excused ____ Unexcused

Please return this completed form to the Attendance office.