



PLANNED ABSENCE REQUEST

INSTRUCTION: This form must be turned in to Mr. Kloepper, School Administrator, at least THREE school days before the absence occurs. Please do not email the teachers. Fill out this form and bring it in to the school office. Thank you.

NAME OF STUDENT:
NAME OF PARENT(S):
DATE(S)/HOUR(S) OF PLANNED ABSENCE:
PURPOSE OF PLANNED ABSENCE:

PLANNED ABSENCE AGREEMENT

1. We, parent and student, understand the following regarding this planned absence:
 - a. That being a student at Three Oaks Christian School means being in attendance and prepared to learn whenever school is in session.
 - b. That being a student at Three Oaks Christian School is a commitment and a student's primary responsibility.
 - c. That a student's absence from class results in a natural loss of learning and usually results in lower scores on assessments. These lower scores may affect the final course grade, which becomes part of the student's permanent record and grade point average.
2. We, parent and student, agree to follow the procedures:
 - a. That this Planned Absence Request must be filed with Mr. Kloepper at least three days before the absence occurs.
 - b. That the student is responsible for his/her learning and therefore responsible to contact his/her teachers before and after the planned absence.**
 - i. The teacher will inform the student what needs to be learned.
 - ii. The teacher will suggest learning activities, which may be given to the student before or after the absence.
 - iii. The student will demonstrate that he/she has learned the material by completing assignments, quizzes, tests, etc.
 - iv. The assignments, assessments, etc., must be completed as soon as is feasible; the maximum time allowed is two weeks from the day of return from the planned absence.
 - v. The student should not expect teachers to use class time for catch-up work. Three Oaks Christian School's teachers are available before school, after school, and any other non-class time which can be arranged.

Student's Signature: _____

Parent/Guardian's Signature: _____

Date of Request: _____

FOR OFFICE USE ONLY:

Approval granted by Mr. Kloepper

Date

9/26/18