



PLANNED ABSENCE REQUEST

INSTRUCTION: This form must be filled out and turned in to the office at least THREE school days before the absence occurs. Please do not email the teachers. Teachers will be notified, and you will be copied to confirm the approval of the request. 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 provide lesson plans for the days to be missed.
 - ii. The student/parent will be responsible for gathering needed resources and materials to complete the lessons.
 - 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 the student returns to school unless other arrangements have been made by the teacher(s).
 - v. The student should not expect teachers to use class time for catch-up work. TOCS'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