

Calais Middle/High School
Planned Absence Authorization Form

Form must be completed and submitted **3** school days prior to planned leave. Failure to do so will result in not attending.

Student Name: _____ Grade: _____

Date(s) school will be missed: _____

Date request submitted: _____

Reason for leave: _____

Parent/Guardian Name: _____

Phone Number(s): Home: _____ Cell: _____ Work: _____

Parent/Guardian Signature and Principal's Signature indicating proper notification:

Parent/Guardian: _____ Date: _____

This document must be shown and signed by all of the student's teachers. All homework for the duration of the leave is to be completed.

<u>BLUE DAY:</u>	<u>Class:</u>	<u>Teacher's Signature:</u>
Blue 1	_____	_____
Blue 2	_____	_____
Blue 3	_____	_____
Blue 4	_____	_____

<u>WHITE DAY:</u>	<u>Class:</u>	<u>Teacher's Signature:</u>
White 1	_____	_____
White 2	_____	_____
White 3	_____	_____
White 4	_____	_____

Principal's Signature: _____ Date: _____