THE SCHOOL DISTRICT OF
HOWARDS GROVE

Middle School – Planned Absence Form

Date: _____

Student Name: _____

Planned Absence Dates: From _____ **To**_____

Reason for Absence:

_____

_____

_____

_____

Teacher Approval and Recommendations

Teacher Initials	Class Name / Subject	Recommendation (check or note below)
_____	1. _____	_____
_____	2. _____	_____
_____	3. _____	_____
_____	4. _____	_____
_____	5. _____	_____
_____	6. _____	_____
_____	7. _____	_____
_____	8. _____	_____

Parent and Office Approval

Parent Signature: _____ Date:_____

Office Approval: _____ Date:_____

Teacher Recommendations

(Check or highlight the applicable recommendation(s) below.)

- **☐ The student must make up all assignments after returning and before: _____.**
- **☐ The student may be assigned additional work in lieu of in-class material.**
- **☐ The work cannot be made up; an alternate assignment will be provided.**
- **☐ The student should not leave as their grade is low and the absence could prevent passing the class.**

Important:
This completed form must be returned to the middle school office before the planned absence begins. Failure to submit this form may result in the absence being marked unexcused.

The School District of Howards Grove does not discriminate in the employment of staff on the basis of any characteristic protected under State or Federal law including, but not limited to, race, color, age, sex, creed or religion, handicap or disability, marital status, genetic information, citizenship status, veteran status, military service (as defined in 111.32, Wis. Stats.), sexual orientation, national origin, ancestry, arrest record,

conviction record, use or non-use of lawful products off the District's premises during non-working hours, or any other characteristic protected by law in its employment practices. (Board Policy 4122)