

## ANTICIPATED ABSENCE

Name \_\_\_\_\_ Date \_\_\_\_\_

Will be absent for the following day(s): \_\_\_\_\_

REASON FOR ABSENCE: \_\_\_\_\_

TYPE OF ABSENCE: \_\_\_\_\_ School Function \_\_\_\_\_ Anticipated \_\_\_\_\_ Medical

All parents and students should be familiar with Mayo attendance policy pages in the School Handbook and Calendar. This anticipated form will not in any way change the Handbook policy.

Teachers will provide assignments; if possible, for the time the student will be absent. If the teacher is unable to provide assignments because of the nature of the instruction, i.e. class discussion, tests, etc., the student will have to make a decision as to whether or not to take the absence and no credit for the days missed or to be present in class. MAKE-UP WORK MAY BE REQUIRED TO BE COMPLETED IN ADVANCE.

PROCEDURES: This form must be circulated to your teachers. Your teachers will sign this form, which will only indicate to the office that they are aware you will not be in class for the day(s) anticipated, and they have informed you of the consequences of the absence.

SUBJECT TO BE MISSED  
(To be filled in by student)

SIGNATURE OF TEACHER

ADV _____	_____
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____

This form is to be completed and returned to the office prior to the day of the absence. I have read the Student Handbook and understand the consequences of the missing the day(s) requested.

\_\_\_\_\_  
STUDENT SIGNATURE & DATE

\_\_\_\_\_  
PARENT SIGNATURE & DATE