South Portland School District
Planned Absence Request
Grades 6-12

To be completed and returned to school office at least one week prior to planned absence.

Name of Student________________________________________    Date ____________________
Grade ______________________       Dates of Planned Absence ___________________________
Reason for Planned Absence _____________________________________________________________
_____________________________________________________________________________________

Board of Education Policy: excerpt from Policy JEA - Compulsory Attendance

Excusable Absence: A person's absence is excused when the absence is for the following reason:
E. A planned absence for a personal or educational purpose which has been approved.

All assignments are to be made up within five school days of return. Teachers are not required or expected to
prepare assignments prior to the absence for personal or educational purpose.

Prolonged absence will jeopardize typical progress.

The following course information is to be completed by all teachers prior to receiving student, parent, and
Principal signatures:

<table>
<thead>
<tr>
<th>Course</th>
<th>Student Progress To-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Passing/In Danger of Failing/Failing)</td>
</tr>
</tbody>
</table>

Teacher Signature/Date ________________________________________
Teacher Signature/Date ________________________________________
Teacher Signature/Date ________________________________________
Teacher Signature/Date ________________________________________
Teacher Signature/Date ________________________________________
Teacher Signature/Date ________________________________________

My signature below indicates that I’ve read, understand and agree to abide by this form:

____________________________ ____________________    ______________________
Parent/Guardian Signature      Date

____________________________ ____________________    ______________________
Student Signature             Date

____________________________ ____________________    ______________________
Principal’s Signature         Date

Copy of form to be mailed home, once complete