

**NEWTON SCHOOL
PLANNED ABSENCE FORM**

Student Name: _____ Date: _____
Homeroom Teacher : _____

Date(s) of Planned Absence: _____

Reason for Absence: _____

During a semester, absenteeism (excused or unexcused) from class shall not exceed ten (10) days during any one semester.

Excused absences are limited to the following: illness (phone or parent note), family emergencies (phone or parent note), medical appointments, school visits (prior approval), religious holidays (parent note), absence from town (prior approval with minimum two week advanced notice), and bereavement (parent note). Other absences will be **unexcused**.

By signing below, I agree to work with my child and her/his teachers in order to make-up, extra or alternative assignments designed to minimize any negative effects of this absence.

Parent Name: _____ Signature: _____

Please return this form to homeroom teacher.

TO THE HOMEROOM TEACHER: Please review this form, let child's teachers know about absences in order to plan makeup work/assignments. Afterwards, submit this form to the office.

If this absence raises serious concerns, please comment:

CLASSROOM TEACHER SIGNATURE: _____

ADMINISTRATIVE REVIEW: _____

09/01/2015