

**Immanuel Lutheran High School  
PLANNED ABSENCE FORM**

Student Name: \_\_\_\_\_

Date(s) of school to be missed: \_\_\_\_\_

Intended Destination: \_\_\_\_\_

Means of Transportation: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

Informing your teachers when you plan to be absent (1) will help their planning and scheduling, (2) will allow you to get your assignments in advance so you don't fall behind in your school work, and (3) will permit you to participate in cocurricular activities on a day you are absent for more than one class period.

**Please see your teachers one or two days prior to your scheduled absence** to receive assignments from them and have them sign this form.

Return the completed Planned Absence Form to the school office.

Period	Class	Teacher
I – 7:40-8:25		
II – 8:30-9:15		
III – 9:20-10:05		
IV – 10:30-11:15		
V – 11:20-12:05		
VI – 12:25-1:10		
VII – 1:15-2:00		
VIII – 2:05-2:50		

Principal: \_\_\_\_\_

Dorm Supervisor: \_\_\_\_\_  
(Resident Students)

*Office Use Only:*

Parents' Permission: <input type="checkbox"/> Email	_____ In Person	_____ Text
	_____ Phone	_____ In Writing
Received by _____ (Signature of School Official)		