



EXTENDED ABSENCE APPROVAL FORM

Student Name: _____

Dates of Proposed Absence: ___/___/___ thru ___/___/___
(First Day Absent, MM/DD/YY) (Last Day Absent, MM/DD/YY)

Reason for Proposed Absence:

I have read the Black River Public School attendance policy regarding extended absences and understand that any work missed due to absences greater than five school days per semester may not be eligible for credit. I also understand that it is the responsibility of the student to gather assignments prior to a planned extended absence in order to keep up with his/her academic expectations.

_____ Student Signature	_____ Date	_____ Teacher Signature	_____ Date
_____ Parent Signature	_____ Date	_____ Teacher Signature	_____ Date
_____ Dean of Students Signature	_____ Date	_____ Teacher Signature	_____ Date
		_____ Teacher Signature	_____ Date
		_____ Teacher Signature	_____ Date
		_____ Teacher Signature	_____ Date
		_____ Teacher Signature	_____ Date

Instructions: For scheduled absences of **three or more days**, please fill out this form for each student, get signatures from each teacher, and return to the Dean of Students for final approval. Please note: Teachers will not give students homework for extended absences unless this form is presented to them in advance. Please note that assignments that are missed due to periods of absences that exceed the five-day limit per semester may not receive full credit.