

**CONTEMPLATED ABSENCE  
WHITNALL HIGH SCHOOL**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

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

Dates of Contemplated Absence: From/Date: \_\_\_\_\_ Through/Date: \_\_\_\_\_

Date Returning to School: \_\_\_\_\_

Hour	Class	Teacher Signature	Work or Assignments
1			
2			
3			
4			
5			
6	Main Falcon Time		
7			
8			

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contemplated Absence Forms should be completed and turned into the high school office no later than three school days prior to the departure date.