

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.