

PLANNED ABSENCE FORM

STUDENT	DATE
First Day of Absence:	Date of Return to School:
Reason for Absence:	
	ure of the program at Long Trail School makes attendance ach other heightens the Long Trail School experience. This licies.
made arrangements with Long Trail s Absence counts toward the absence	reported absences for which the student and parent have School prior to missing a scheduled obligation. A Planned threshold described in the LTS Attendance Policy. A in to the front desk by the end of the academic day ence.
each teacher as to when missed wor	e, the student is responsible for making arrangements with the k is due and when missed assessments will be taken. In plicy, the student will be granted the same number of school er of school days absent.
Parent/Guardian Signature:	
(must be signed by a parent/guardian prior t	to asking faculty members to sign this form)
C1 Teacher:	Date:
C2 Teacher:	Date:
C3 Teacher:	Date:
C4 Teacher:	Date:
C5 Teacher:	Date:
C6 Teacher:	Date:
C7 Teacher:	Date:
Dean of Academics:	Date: