Ballard High School
2016-2017 End of the School Year Preplanned Absence Agreement

Student's Name (Print) **ID Number** **Date Preplanned Absence Begins**

To the Student: It is your responsibility to obtain the signatures of your teachers on this agreement and return the completed form to your Assistant Principal ***at least three school days before*** your last day at school this year. Your signature on this agreement acknowledges that you have arranged for the completion of work that will be missed and second semester finals and that you are aware of the effect this absence will have on your progress, your grade and/or the credit you earn in these classes.

THE STUDENT IS NOT TO INTERRUPT ANY CLASSES TO OBTAIN SIGNATURES

Student's Signature **Date Signed**

To the Parents/Guardians: Your signature on this form indicates that you are requesting this preplanned absence and that you understand that your student may be missing course work and/or second semester finals which may adversely affect your student's progress, grade and/or credit earned in these classes.

Parent/Guardian Signature **Reason for Absence**

Parent/Guardian's Day Time Phone _____ Evening Phone _____

To Teachers/Staff: Your signature is required in either the first column or second column.

Period	Course requirements have been completed.	Progress/grade/credit is likely to be ADVERSELY AFFECTED by this absence.	Teacher/Staff Comments
1st			
2nd			
3rd			
4th			
5th			
6th			

Absence Approved ____ Not Approved ____ _____
Assistant Principal