

Student Request for Planned Absence

Seymour Community High School 2024-2025

Student Name: _____ **Phone:** _____

Trimester: 1 2 3 (please circle one)

Date(s) for which planned absence is requested:

Date student will return to school:

Reason for absence:

It should be noted that the State of Wisconsin and the Seymour Community School District School Board require all students to attend school to the end of semester in which they are eighteen. It is the parent/guardian's responsibility to make sure their student attends school regularly at all times. Occasionally, parents/guardians find it necessary to request that their child be absent for reasons other than illness (death, wedding, family trip, etc.).

Ask for this request **ONLY WHEN IT IS ABSOLUTELY NECESSARY.**

Hour	Class	Teacher	Current Grade	Attendance	Teacher Signature
1					
2					
3					
4					
5					

This request must be submitted at least one day prior to the anticipated absence. Otherwise, the absence will be recorded as an unexcused absence.

Parent Signature: _____

Associate Principal Signature: _____