

**KINNELON HIGH SCHOOL  
PLANNED ABSENCE ASSIGNMENT REQUEST**

Name \_\_\_\_\_ Date \_\_\_\_\_

Date/s of Absence \_\_\_\_\_

Reason \_\_\_\_\_

**TEACHERS: Please indicate assignments to be completed while student is absent:**

<b>PERIOD</b>	<b>SUBJECT</b>	<b>TEACHER</b>	<b>ASSIGNMENTS</b>
<b>A</b>			
<b>B</b>			
<b>C</b>			
<b>D</b>			
<b>E</b>			
<b>F</b>			
<b>G</b>			
<b>H</b>			

**Student is responsible for informing teachers at least one week prior to time of absence.**