ADVANCE NOTICE OF ABSENCE
BROOKSIDE MIDDLE SCHOOL

---------- ---------- ----------

NAME *GRADE* *DATE*

ABSENT FROM:_____TO:_____ RETURNING ON:_____

THIS FORM MUST BE TURNED IN TO ATTENDANCE OFFICE BEFORE LEAVING

PERIOD 1
TEACHER_____
COMMENTS_____

PERIOD 2
TEACHER_____
COMMENTS_____

PERIOD 3
TEACHER_____

PERIOD 6
TEACHER_____

COMMENTS_____

PERIOD 4
TEACHER_____
COMMENTS_____

PERIOD 7
TEACHER_____
COMMENTS_____

PERIOD 8
TEACHER_____
COMMENTS_____

PERIOD 9
TEACHER_____
COMMENTS_____

STUDENTS HAVING PRIOR CONTRACTUAL AGREEMENTS WITH A GIVEN FACULTY ADVISOR, COACH, INSTRUMENTAL, OR VOCAL DIRECTOR WILL COMPLY WITH SAID AGREEMENT.

AS THE CUSTODIAL PARENT I UNDERSTAND IT IS MY CHILD'S RESPONSIBILITY TO SUBMIT ALL CLASSWORK TO BE GRADED UPON THE FIRST DAY OF MY CHILD'S RETURN TO CLASS. I ALSO UNDERSTAND THAT MY CHILD IS EXPECTED TO BE ABLE TO CONTINUE ON WITH ALL CURRENT CLASS ACTIVITIES (TESTS, QUIZZES, ETC) WITHOUT ADDITIONAL TIME BEING PROVIDED.

_____

PARENT SIGNATURE

_____

PRINCIPAL SIGNATURE ***DATE***

APPROVED / DENIED *Current Hrs. of Absence:_____(for office)*