

AFNORTH MS/HS – CANADIAN SECTION
Form to be completed for PREPLANNED ABSENCES of three days or more.

Careful planning of family trips is necessary to ensure successful completion of course requirements.
Please carefully review the Preplanned Absence Policy and expectations.

The student should obtain a **Preplanned Absence Form** for trips that last **3 days or more**. **Ideally the form should be completed and returned at least 6 school days before the trip.** Careful planning of family trips helps to ensure successful completion of course requirements. Teachers may recommend that work is turned in ahead of time or that tests are taken prior to departure when it is in the best interest for academic achievement.

- ❖ Parents notify the school in writing at least 6 school days prior to the first day of the absence.
- ❖ Student/Parent obtains and completes Part I of the Preplanned Absence Form available from the Canadian office.
- ❖ Students will ask teachers to complete Part II of the form.
- ❖ Students return the completed form to the Canadian office. Upon Principal's signature, a copy will be made for the student and a copy placed in the student's file.

Reminder: ***Parents are asked to notify the AFNORTH MS/HS Canadian Secondary secretary of any absence regardless of duration. Students should notify teachers and obtain assignments in advance for any planned absences, regardless of length.***

Part I. To be completed by Parent and Student:

Name of Student: _____ **Date of Absences:** _____

Trip requested at least 3 days in length: YES / NO

Reason for the Preplanned Absence: _____

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

I understand it is my responsibility to obtain, complete, and submit the work missed during my absence in the prescribed time line.

Part II. To be completed by classroom Teachers:

Period	Subject	Assignments and Remarks	Teacher's Signature
1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			

Part III. To be completed by Administration:

Number of days absent from school: Cumulative: _____ Excused: _____ Unexcused: _____

Approved /Disapproved (circle one)

Administrator's Signature: _____ **Date:** _____