



JUNEAU SCHOOL DISTRICT

Mendenhall River Community School
Jim Hicks, Principal

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LONG TERM PLANNED ABSENCE

(THREE OR MORE DAYS)

THIS FORM IS FOR THE PLANNING PURPOSES OF YOUR CHILD'S EDUCATION. THE FORM IS TO BE COMPLETED BY PARENTS/GUARDIANS AND TEACHERS OF STUDENTS PRIOR TO THE DAY THE ABSENCE BEGINS AND RETURNED TO THE SCHOOL OFFICE.
NOTE: THIS FORM WILL BECOME PART OF THE STUDENT'S PERMANENT FILE.

➔ STEP 1: TO BE COMPLETED BY THE PARENT/GUARDIAN ◀

STUDENT'S NAME: _____

TEACHER'S NAME: _____

REASON FOR PLANNED ABSENCE: _____

DATES OF PLANNED ABSENCE: _____

NUMBER OF SCHOOL DAYS STUDENT WILL BE ABSENT: _____

TOTAL NUMBER OF DAYS STUDENT HAS BEEN ABSENT:

THIS YEAR: _____ LAST YEAR: _____

➔ STEP 2: TO BE COMPLETED BY THE TEACHER ◀

EXTENDED ABSENCES MAY HAVE A NEGATIVE IMPACT ON A STUDENT'S EDUCATION. NOTE THE LEVEL OF YOUR CONCERN ON THIS STUDENT'S PROPOSED ABSENCE AND BRIEFLY COMMENT ON YOUR RATING.

- _____ LITTLE OR NO CONCERN
- _____ MODERATE CONCERN
- _____ MORE THAN MODERATE CONCERN
- _____ SERIOUS CONCERN

COMMENTS: _____

TEACHER'S SIGNATURE: _____ DATE: _____

STATE LAW AS 14.30.020 STATES THAT IT IS THE RESPONSIBILITY OF THE PARENTS/GUARDIANS TO ENSURE THAT THEIR CHILD ATTENDS SCHOOL ON A DAILY BASIS.

➔ STEP 3: TO BE COMPLETED BY THE PARENT/GUARDIAN ◀

I HAVE READ THE PRECEDING INFORMATION AND UNDERSTAND THE RAMIFICATIONS THIS ABSENCE MAY HAVE ON MY CHILD'S EDUCATION. IN ORDER TO LESSEN THE IMPACT THIS ABSENCE MAY HAVE, I PLAN TO ASSIST MY CHILD'S EDUCATION BY:

I HAVE CHECKED THE CURRENT SCHOOL YEAR CALENDAR AND AM AWARE OF STATE MANDATED TESTING DATES. IF THIS ABSENCE COINCIDES WITH TEST DATES, I HAVE MADE ARRANGEMENTS FOR OFF-SITE TESTING, OR HAVE SIGNED A *PARENT REFUSAL* FORM FOR TESTING.

PARENT/GUARDIAN SIGNATURE

DATE

↓ PARENT/GUARDIAN ↓

RETURN THIS FORM TO THE CLASSROOM TEACHER.

➔ STEP 4: TO BE COMPLETED BY THE TEACHER ◀

- ____ SCHOOL WORK WAS RETURNED COMPLETED.
____ SOME SCHOOL WORK WAS RETURNED BUT IT WAS INCOMPLETE.
____ LITTLE OR NO SCHOOL WORK WAS RETURNED.

COMMENTS: _____

TEACHER'S SIGNATURE: _____

DATE: _____

↓ TEACHER ↓

GIVE THE COMPLETED FORM TO THE ADMINISTRATIVE ASSISTANT FOR PLACEMENT IN THE STUDENT'S PERMANENT RECORD.