

**NEWMAN CENTRAL CATHOLIC HIGH SCHOOL  
PLANNED ABSENCE**

Date completed:

Student Name:

Date(s) Planned Absent:

Please indicate below what course work will need to be made up or taken care of before absence.

Period	Course	Grade	Teacher	Course work/Comments:
1A				
2A				
3A				
4A				
1B				
2B				
3B				
4B				

Your son/daughter's teachers have indicated that missing classes for the above date(s) will affect his/her grades. All make up course work noted above must be arranged with the teacher and is the responsibility of the student. If you intend to allow this absence, please sign below indicating that you and your son/daughter assume full responsibility for the resulting grades.

Please return a signed copy to the Dean of Students prior to the date of absence or the absence will be considered unexcused.

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Parent/Guardian Signature

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Dean of Students