The Academy at Charlemont
Planned Absence from School

requests to be absent from school on

(please check one of the following)

_____ (one day) Date: ____/____/____

_____ (partial day) Date: ____/____/____ and will be in school by _________ am/pm

_____ (partial day) Date: ____/____/____ and leave school at _________ am/pm

_____ (several days) from ____/____/____ through ____/____/____

The reason for the absence is ___________________________________________
___________________________________________________________________
___________________________________________________________________

Parent/Guardian Signature: ____________________________________________

Teachers: Parental Permission has been given and the request has been approved. Homework assignments may be given and accepted for credit.

Approved by (school administrator): _____________________________________

Student: Please have your teachers initial that they have seen this form. When completed, return to the main office.

English______  Math______  Art______  Music______  History______  Foreign______  Studio Block______  Language

Science______  Latin______  Studio Block______