

ZION LUTHERAN SCHOOL

408 Jackson Street • Marengo, Illinois 60152 • 815-568-5156 • fax 815-568-6345

APPLICATION FOR A PLANNED ABSENCE

Student's Name _____ Grade ____ Teacher _____

has requested a planned absence beginning _____

and returning to school _____

because of (reason for absence) _____

Subject:

Teacher's Comments

This form, complete with the signature of teacher and parent(s), must be returned to the principal ONE WEEK prior to the first day of the absence.

Teacher's Signature _____

Parent(s) Signature _____

Approved Date _____ Principal's Signature _____