



801 Parkwood Drive, Harrisonburg, VA 22802

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easternmennoniteschool.org

Permission for Absence

Please let the school know of any planned absences *at least 3 days in advance* by completing this form and turning it in to the Front Office.

Student Name: _____

Date(s) of Absence: _____

Reason:

Parent Signature: _____ **Date** _____

List each class that will be missed and the name of the teacher.

Period	Class	Teacher
1		
2		
3		
4		
5		
6		
OS		

Student:

- Check with each teacher prior to the absence to arrange any assignments and make-up of tests/quizzes that may be missed.
- While teachers have the option to require earlier deadlines, all work is to be handed in and/or all tests made up no later than the third day back.

Student Signature: _____ **Date** _____

Front Office Use:

- Form is complete and student is aware of their responsibilities listed above
- Email sent to all teachers listed, plus Justin King or Maria Archer
 Email needs to have a clear subject line, **[Student Name] absent on [Dates]**
 Include the reason for absence in the message of the email.