

**Lebanon Christian School
Planned Absence Notification**

This form must be returned to the school office at least 5 school days prior to your child's planned absence.

Student Name _____ Grade _____ HR Teacher _____
has requested absence from school on _____ for the purpose of _____
_____. We, the parents of the above student,
feel that this absence request is absolutely necessary for our family unit and hereby authorize Lebanon Christian
School to provide an alternate educational plan during the dates indicated above. We understand that our child will
miss valuable information from classroom discussions and activities that will not be able to be made up. We also
understand that assignments given will only reflect the planned lessons and available materials at the time of the
request. We understand that any work not completed may result in a grade of "0" and that our son/daughter remains
responsible for all class work missed during this absence.

Parent Signature _____ Date _____ Phone# _____

School Office Use

Attendance Record: _____

Comments/Concerns:

_____ Approved _____ Approved with Reservations _____ Not approved

Principal Signature _____ Date _____

A copy of this form will be given to each teacher and it is the teacher's responsibility to send assignments if
needed.

Parent notified of approval by _____ on _____