

**Harrisburg Academy  
Early Childhood and Lower School  
Planned Absence**

*Please submit to the Head of Early Childhood and Lower School prior to absence.*

Date of request: \_\_\_\_\_ Name of student: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Dates to be marked absent: From: \_\_\_\_\_

To: \_\_\_\_\_

Date student will return to school: \_\_\_\_\_

Reason for absence: \_\_\_\_\_

STUDENTS WILL BE REQUIRED TO COMPLETE ANY MISSED ASSIGNMENTS IN A TIMELY FASHION, UPON THEIR RETURN TO SCHOOL.

Signature of parents or guardians: \_\_\_\_\_

Signatures of teachers who have been informed of the proposed absence:

<u>Subject</u>	<u>Teacher's Signature</u>	<u>Date</u>
Classroom teacher	_____	_____
Others	_____	_____
	_____	_____
	_____	_____

Approval of Head of Early Childhood and Lower School:  
\_\_\_\_\_

Notified:  
Parents: \_\_\_\_\_  
Front Desk: \_\_\_\_\_

Date: \_\_\_\_\_