

**Calais Middle/High School  
Planned Absence Authorization Form**

**Form must be completed and submitted 3 school days prior to planned leave. Failure to do so will result in not attending.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date(s) school will be missed: \_\_\_\_\_

Date request submitted: \_\_\_\_\_

Reason for leave: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent/Guardian Signature and Principal's Signature indicating proper notification:

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

This document must be shown and signed by all of the student's teachers. All homework for the duration of the leave is to be completed.

<u>BLUE DAY:</u>	<u>Class:</u>	<u>Teacher's Signature:</u>
Blue 1	_____	_____
Blue 2	_____	_____
Blue 3	_____	_____
Blue 4	_____	_____

<u>WHITE DAY:</u>	<u>Class:</u>	<u>Teacher's Signature:</u>
White 1	_____	_____
White 2	_____	_____
White 3	_____	_____
White 4	_____	_____

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_