

# GRANT PARK HIGH SCHOOL



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## Student Travel Absenteeism Form (3 or more days)

Name \_\_\_\_\_ Grade 9 10 11 12 Today's date: \_\_\_\_\_

School days to be missed: \_\_\_\_\_ Total Absences: \_\_\_\_\_

Reason for Travel: (circle) *Sport Competition* *Family Holiday* *Family Emergency* *Other*

**\*Special permission is required from the school Administration for all absences during the final exam periods\***

### Please read:

We encourage all students to attend classes to the best of their abilities. We do understand that in some cases students need to be away, however, parents and guardians need to be aware that absenteeism may affect the student's learning and grades. Please avoid travel during exam times. Students must accept the responsibility to complete missed assignments and to communicate with teachers prior to leaving. It is not the teachers' responsibility to ensure students follow through on missed learning. It is the students' and parents/guardians' promise and responsibility to do this. **Please read and initial the three conditions below:**

1. I understand that I will need to meet with my teachers prior to my departure to inform them of my upcoming absence, and to create a school homework plan.
2. I accept the responsibility to ensure that all missed work (assignments, tests, presentations, etc.) is completed in a timely manner as per my school homework plan. **See reverse side for teachers' comments and school homework plan.**
3. I understand that significant absenteeism due to travel within a semester may have a negative impact on my academic progress and grades.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrative Signature



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	Subject	Teacher	Teacher Initials	School Homework Plan	Teacher has academic concerns
A					<input type="checkbox"/> Yes <input type="checkbox"/> No
B					<input type="checkbox"/> Yes <input type="checkbox"/> No
C					<input type="checkbox"/> Yes <input type="checkbox"/> No
D					<input type="checkbox"/> Yes <input type="checkbox"/> No
E					<input type="checkbox"/> Yes <input type="checkbox"/> No
ZZ					<input type="checkbox"/> Yes <input type="checkbox"/> No