



Planned Absence Note

Print Student's First and Last Name

9 10 11 12
Circle Year in School

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9 10 11 12
Circle Year in School

Date(s) of Absence _____

Time (if absence is for part of the day) _____

Reason for Absence _____

Printed Guardian or Parent's Name

Parent's (Guardian's) Signature

**Please refer to the Student Handbook for Boylan's Policy
on Planned, Extended and Excessive Absences.**

**Note: This is a legal document.
No other person may sign in place of the parent or guardian.**

**Present this form at the Dean of Student's Office (Room 109)
before a planned absence**