



Frank H. Harrison Middle School

"Empowering All Students to Create Fulfilling Lives in a Changing World"

220 McCartney Street | Yarmouth, Maine 04096 | 207.846.2499 | fax 207.846.2489

NOTIFICATION OF PLANNED FAMILY ABSENCE

NAME: _____ GRADE: _____ DATE: _____

ADVISOR: _____

Dates of Absence: _____ # of Days: _____ Purpose: _____

Destination: _____ Parent/Guardian Name: _____

STUDENT RESPONSIBILITIES

1. Arrangements must be made with teachers for reports or projects that are due during the absence. Tests and quizzes must be made up.
2. It is your responsibility to get all your assignments and complete the work. It is expected that your homework be completed within the time agreed upon by you and your teacher(s).
3. Your teachers are not expected to reteach material.

Do your teachers have any concerns regarding this absence?

Subject	Comment	Teacher's Signature
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		

TO: STUDENT

I understand my responsibilities for the Planned Family Absence. I accept the full responsibility to complete any assignments missed while absent.

Student's Signature: _____

TO: PARENT/GUARDIAN

Your signature below reflects an understanding of our expectations and that you are aware of your child's responsibility in completing missed assignments.

Parent's Signature: _____

PLEASE TURN IN THE FORM TO THE OFFICE BEFORE YOU LEAVE.

Administrator's Signature: _____