

Lutheran High School  
Planned Absence Permission

- SCHOOL ACTIVITY - complete this form and turn in to coach/sponsor (*keep a copy for yourself*)  
 PERSONAL - turn completed form in to the office (*keep a copy for yourself*)

Student \_\_\_\_\_ Grade: 9 10 11 12

Parent \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Anticipated absence dates \_\_\_\_\_

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

	Subject	Assignment	Teacher's Initials
1			
2			
3			
4			
5			
6			
7			
8			