

HOMEWORK MAKE-UP FORM

STUDENT NAME: _____ DATE (S) OF ABSENCE: _____

REASON FOR PLANNED ABSENCE: _____

REASON FOR UNPLANNED ABSENCE:

<input type="checkbox"/> Doctor Appointment	<input type="checkbox"/> Personal Illness
<input type="checkbox"/> Family Emergency	<input type="checkbox"/> Other _____

Teacher Signature	Class	Comments & Homework Make-Up Agreement
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Reminder: Students are allowed 10 (ten) TOTAL absences per semester—see pages 4 & 5 in Parent/ Student Handbook.

I give my permission for my student to make-up his/her homework.

Parent Signature

Date