

CHARLESTON COMMUNITY UNIT SCHOOL DISTRICT # 1

Office of the Principal at Charleston Middle School
920 Smith Drive, Charleston, IL 61920 Phone (217)639-6000/Fax (217)639-6005

ANTICIPATED ABSENCE

My son / daughter _____ will be absent on the following day(s): _____

_____. Student's Team: 7O / 7B / 8R / 8G/ HI

Reason for Absence: _____Medical Appointment _____Family Funeral
 _____*Personal Convenience _____*Recreational Activity _____*Vacation
 Other: _____

**Anticipated Absences for Personal Convenience, Recreational Activities and Vacations will be considered UNEXCUSED.*

The professional staff of Charleston Middle School reminds parents / guardians that any student absence from school may affect academic achievement. If an absence is necessary each student is responsible to make arrangements, prior to absence, with each teacher to complete all missed assignments.

Period	Teacher Signature	Assignment(s) to be Completed
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

		<input type="checkbox"/> <i>Excused</i>	<input type="checkbox"/> <i>Unexcused</i>		
Parent Signature	Date	<table border="0" style="width: 100%; margin: 0 auto;"> <tr> <td style="border-top: 1px solid black; text-align: center;">Administrator Signature</td> <td style="border-top: 1px solid black; text-align: center;">Date</td> </tr> </table>		Administrator Signature	Date
Administrator Signature	Date				

This form must be turned into the Charleston Middle School Office prior to the first day of Anticipated Absence.