

WMS Recurring Absence/Repeat Appointments Form

The student is responsible for making up any missed classwork and homework.

A pass will be given to your student to be excused from class and to come to the office to be signed out for each reoccurrence.

Student's Full Name: _____ Grade: _____

Starting Date: _____ Ending Date: _____

Time of Day: _____ Will they return to school after? (circle): YES NO

How often will this appointment occur? (e.g. Every Week) _____

Day(s) of the Week (circle): MON TUES WED THURS FRI

Reason for Absence (check one): In accordance with Whitman's policy, you are reminded that absences may jeopardize your student's success at school.

_____ Medical (medical/dental appointments, therapy)

_____ Excused (religious, tutoring, custody agreements)

_____ Approved Activity (youth conference, non-profit/community organization event participation, practices/games/tournaments (sports, dance, etc.)

_____ Other: _____

Parent Signature: _____

Best Parent Contact: _____

_____ I give permission for my student to sign themself out and walk home or meet me in the parking lot.

Parent Signature: _____