



CORNERSTONE CHRISTIAN SCHOOL

Middle & High School

Planned Absence Assignment Form

Student Name: _____ Date(s) of Absence: _____

Period	Class	Assignment	Teacher's Signature
1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			

Parent's Signature: _____

For Office Use Only:

Date Received: _____