**Hudson High School**

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| **Absence Recovery** |

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| Student name:  | ID# | Grade: | Quarter: |

You have the opportunity to recover 5 single class absences.

If you participate in all 5 opportunities, you can recover a full day if needed.

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| **My Absence Recovery Plan** (Whatwill be done?) |

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| Class period chosen for recovery: |
| Number of absences I will recover: |

As part of my absence recovery plan, I will attend: (check all that apply)

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| --- | --- | --- | --- |
|  | Date | Time | Signature |
|  | 3/5/18 Monday | 2:00 -3:00 pm |  |
|  | 3/14/18 Wednesday | 2:00 -3:00 pm |  |
|  | 3/31/18 (Saturday) | 9:00 -11:00 am |  |
|  | 3/28/18 Wednesday | 2:00 -3:00 pm |  |
|  |  |  |  |

 = Must be pre-approved and signed by Administration.

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature/Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Administration use only beyond this point** |
| Number of absences recovered: \_\_\_\_\_\_ Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |