



Odyssey Charter School

Scheduled Absence Notification

Today's Date: _____

Student Name: _____ Teacher: _____

Student Name: _____ Teacher: _____

Student Name: _____ Teacher: _____

Student Name: _____ Teacher: _____

Student Name: _____ Teacher: _____

Scheduled dates of absences:

Reason for absences:

- I understand that it is my responsibility to notify the teacher(s) via email of the scheduled absences and to request homework.
- I understand that homework may not be available prior to my scheduled absence and my students may need to make up the missed assignments when they return.
- I understand that Odyssey, to be in compliance with state and federal law, has a 95% attendance goal and this absence may affect that goal. I acknowledge that if my student misses 10 consecutive days of school, he/she may lose their enrollment status on the 11th day of consecutive absence.

Parent Signature

Date

Teacher Signature (If absence is longer than 5 school days)

Date