



## Make-Up Class Form

Please complete this form, have the teacher of your make-up class sign below, and return to the reception desk.

*Remember that make-up classes do not count toward perfect attendance.*

**Student Name:** \_\_\_\_\_

### Missed Class Information

Date of missed class: \_\_\_\_\_

Day of missed class:            *M*    *Tu*    *W*    *Th*    *F*    *Sa*    *Su*

Time of missed class: \_\_\_\_\_

Type of class missed: \_\_\_\_\_

Teacher of missed class: \_\_\_\_\_

Reason for missed class (circle one):

*Class cancelled/Snow Day*

*Illness*

*Scheduling Conflict*

*Other (please specify):*

\_\_\_\_\_

### Make-up Class Information

Date of make-up class: \_\_\_\_\_

Day of make-up class:            *M*    *Tu*    *W*    *Th*    *F*    *Sa*    *Su*

Time of make-up class: \_\_\_\_\_

Teacher of make-up class: \_\_\_\_\_

Signature of make-up class teacher: \_\_\_\_\_

Notes:

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