



Hudson High School

Absence Recovery

Student name:	ID#	Grade:	Quarter:
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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.

My Absence Recovery Plan (What will be done?)

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)

	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: _____

Administration use only beyond this point

Number of absences recovered: _____

Administrator Signature: _____ Date: _____