

BUSHNELL-PRAIRIE CITY HIGH SCHOOL

Adult Student Attendance Policy

FULL NAME _____

BIRTHDATE _____

I shall take full responsibility for my absences as an adult student at B-PC High School.

I understand that:

1. **I must call** the High School office if I am absent. I must call **before 8:20 a.m.** and state the reason for my absence **each day** I am absent. The phone number to call is 309-772-2113.
2. I must call the High School Office when I will be late for school.
3. I will sign out in the High School office anytime I must leave school during the school day.
4. Notes and telephone calls from my parents are no longer acceptable.
5. In the event of serious illness which prevents my calling the school, such as hospitalization, my parent or guardian may **call before noon** on the day of my absence and state, at that time, the reason for my inability to represent myself and the approximate number of days I will be absent.
6. I will receive make up work for all excusable absences.
7. I will receive "unexcused" absences for failure to meet the terms of this agreement.
8. A copy of this agreement will be sent to my parent or guardian.

We have read and fully understand the statements in this document.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Administrator's Signature _____ Date _____