



The Rock Academy

6641 W SR 46
Sanford, FL 32771

TRA Planned Absence Form

Parent Name _____ Student Name _____

My child will be absent on the following dates:

Reason for Absence:

Teacher Notification:

| | Teacher Name | Teacher Signature | DATE |
|---|--------------|-------------------|------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |