

MAKEUP FORM*

Date Sent _____

Student Name _____

Bell: 1 2 5 6 7

Nothing was collected or checked for credit on the day this student was absent.

A **Test / Quiz / Hmwk** / Groupwk**** was missed on _____ . Makeup must be completed

by _____ and *Makeup for Quiz/Test must be one on 1 of the 3 makeup days assigned each quarter .*

(Students are required to choose the makeup date closest to the date missed or discuss the need for an extension with Ms. Nashid. A zero will be assigned for items not made up by the last makeup date for the quarter.)

If you have any questions or concerns **PLEASE EMAIL** (nashidw@cpsboe.k12.oh.us) or **CALL 363-8536**. **If I am unavailable leave a message on voicemail & I will return your call ASAP.**

Parent/Guardian Signature _____ (optional)

*This form must be kept on file with Ms. Nashid after completing the work to verify content.

Students have **1 week to complete missed work from the date of their **return** to class after absence.

Thank you Ms Nashid



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