

Pre-Arranged Absence Request

Student Name: _____
Dates of Absence: _____
Reason for Absence: _____
Date of Request _____
Adminstrator Approval: _____

PARENT SIGNATURE REQUIRED: _____

Hour	Class	Teacher's Signature	Current Academic Standing	Make-Up Work
1				
2				
3				
4				
5				
6				
7				

THE PRE-ARRANGED ABSENCE PROCESS IS COMPLETED WHEN THIS FORM IS RETURNED TO THE OFFICE **AND APPROVED** BY THE PRINCIPAL.
THIS FORM **MUST BE RETURNED PRIOR TO THE ABSENCE.**

STUDENTS ARE RESPONSIBLE FOR ARRANGING WITH THEIR TEACHERS TO MAKE UP ALL ASSIGNMENTS, DUE TO THE ABSENCE.