

# Pre-Arranged Absence Request

(This Form must be submitted to the Principal at least 14 days prior to the absence)

Name of Student(s)	Teacher(s)	Grade(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Dates of Absence:**

\_\_\_\_\_

**Educational Objective(s) for the Absence:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As a parent/guardian, I recognize that the missed classroom instruction for these requested days can not be duplicated. I also understand that my child(ren) may be at a disadvantage in regards to assignments and tests because of the absences. I will help with and ensure the completion of all assignments. All assignments given prior to the requested absence will be completed upon the student's return. I understand that my child(ren) will have one day for each day absent to complete any assignments given during the absence.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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Administrative Use Only

\_\_\_\_\_ Absence is excused

\_\_\_\_\_ Absence is unexcused

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date