

Pre-Arranged Absence Request

(This Form must be submitted to the Principal 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

Administrative Use Only

_____ Absence is excused

_____ Absence is unexcused

Administrator Signature

Date