

PRE-ARRANGED ABSENCE REQUEST

TODAY'S DATE: _____

STUDENT'S NAME: _____

TEACHER: _____

I am requesting that my child be allowed a pre-arranged absence on the following date(s): _____ for the purpose of _____
_____.

I am making this request at least five (5) school days in advance of the absence. I understand that no more than three (3) school days may be pre-arranged per school year. Pre-arranged absences will not be approved during the following circumstances:

- NWEA and ISTEP+ testing
- Parent Teacher Conferences (K-6 Schools)
- Last three days of a semester
- If an attendance letter has been sent previously during the school year

Parent's signature

OFFICE USE ONLY

Approved

Denied because _____

Principal's Signature/Date