

Office Use Only
Date Received _____

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) days may be pre-arranged per school year. Pre-arranged absences will not be approved during the following circumstances:

- NWEA, IREAD-3, and ISTEP+ testing
- Last three days of a semester
- If an attendance letter has been sent previously during the school year.

Parent's Signature

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_____ Approved

_____ Denied because _____

Principal's Signature/Date