

TIMBERCREST MIDDLE SCHOOL

Pre-Arranged Absence Form

Student Number _____

Grade _____

The Parent(s)/Guardian(s) of _____ (student name) request that he/she be excused from school beginning ____/____/____ and will return to school on ____/____/____.

Teacher: Please complete the form and indicate the effect, if any, this absence might have on the student's grade. Student: Must visit with each period teacher to have them complete their portion of this form.

PER	SUBJECT	CURRENT GRADE	HOMEWORK/TEACHER COMMENTS	TEACHER SIGNATURE
1			<input type="checkbox"/> Assignments Listed on TMS Website	
Effect on Grade:				
2			<input type="checkbox"/> Assignments Listed on TMS Website	
Effect on Grade:				
3			<input type="checkbox"/> Assignments Listed on TMS Website	
Effect on Grade:				
4			<input type="checkbox"/> Assignments Listed on TMS Website	
Effect on Grade:				
5			<input type="checkbox"/> Assignments Listed on TMS Website	
Effect on Grade:				
6			<input type="checkbox"/> Assignments Listed on TMS Website	
Effect on Grade:				

Student Signature _____

Parent Signature _____

Student: Make yourself a copy then return completed form to the Attendance Office before you leave.

Administration Approval _____