

FOREST VIEW ELEMENTARY

PRE-ARRANGED ABSENCE FORM

To the Parent/Guardian: Please complete the following information and return it to the school health office **prior to absence.**

FAILURE TO TURN IN THIS REQUEST WILL RESULT IN THE STUDENT TO BE CONSIDERED UNEXCUSED.

Student Name: _____ Teacher: _____ Grade: _____

We, the parents or guardian of the student named above are requesting that he/she be excused from school for the following reason:

Date(s) student will be absent: _____

Parent Signature: _____ Date: _____

Please return this form to the Forest View Elementary Health Office.

<p><i>For Office Use Only:</i></p> <p>Date: _____</p> <p>_____ Entered in Synergy</p> <p>_____ Filed w/attendance</p>
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