

Owatonna Public Schools Pre-Approval Absence Request Form - Secondary



If a student must be **absent for more than two school days**, prior authorization is needed by completing the information below. The absence request form must be submitted to the school office **at least one week prior** to the requested absence dates.

Student Name: _____ **Parent Name:** _____

Grade: _____ Parent Phone number: _____ Date(s) of requested absence: _____

Reason for absence (Personal Matter or Family Vacation; Significant Educational Opportunity (documentation required)):

Teachers: please sign after completing the attached "Make-Up Work" Plan and Assignments

Block 1: Teacher Signature: _____ Teacher Signature: _____	Block 2: Teacher Signature: _____ Teacher Signature: _____
Block 3: Teacher Signature: _____ Teacher Signature: _____	Block 4: Teacher Signature: _____ Teacher Signature: _____

Student Signature: _____

Parent/Guardian Signature: _____

For Office Use Only

_____ Absence(s) approved

_____ Absence(s) not approved. Reason: _____

Counselor Signature and/or notes: _____

Principal's Signature and/or notes: _____

Pre-arranged Absence “Make-up Work” Plan and Assignments

*****Student keeps this page for their homework instruction - do NOT turn this page into the office.****

Student Name: _____ Grade: _____

Date(s) of Absences: _____

Block 1: Assignments & Due Date	Block 2: Assignments & Due Date
Block 3: Assignments & Due Date	Block 4: Assignments & Due Date