

GIER ELEMENTARY SCHOOL

PRE-ARRANGED ABSENCE REQUEST FORM

This must be submitted to the school attendance office at least 48 hours prior to the scheduled absence.

Student Name: Grade: My child, _____ needs to be absent from school on the following date(s): _____

THE REASON FOR THE ABSENCE(S) IS: (Please give a brief explanation)

(Must be completed by the student with each classroom teacher in advance.)

SUBJECT	ASSIGNMENT	WORK DATE DUE	TEACHER COMMENT

- I understand that my child is responsible for getting assignments and making up tests/class work missed during this absence.
- I certify that all I have communicated is true and correct.
- I have provided my up-to-date contact numbers as follows:

Home

Work

Cell

Parent/Guardian name Parent/Guardian signature

Date

(For office use only)

This absence has been: APPROVED (excused) NOT APPROVED (unexcused) by:

Teacher Comments

Teacher Approval Signature

Date

Principal/designee Signature

Date