



PRE-ARRANGED ABSENCE REQUEST FORM

THIS MUST BE SIGNED AND SUBMITTED TO THE SCHOOL ATTENDANCE OFFICE **48** HOURS PRIOR TO THE SCHEDULE ABSENCE

STUDENTS NAME: _____ GRADE: _____

DATE(S) OF ABSENCE: _____

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

_____.

Hour	Teacher	Assignment	Teacher Signatures

- I understand that my child is responsible for getting assignments and making up test/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:

Contact information:

Home _____ Work _____ Mobile _____

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

Student Name _____ Student Signature _____ Date _____

(For office use only)

This absence has been:

- ☐ **APPROVED (EXCUSED)**
☐ **NOT APPROVED (UNEXCUSED)**

PRINCIPAL/DESIGNEE SIGNATURE

DATE