

PRE-ARRANGED ABSENCE

To the student: You MUST obtain signatures from all your teachers on this form, which acknowledges you have arranged for completion of work that will be missed, and that you are aware of the effect this absence may have on your grade in this class.

RETURN this completed form to the Attendance office BEFORE your absence

NAME: _____ **STUDENT ID #:** _____

DATE OF ABSENCES: _____ **REASON:** _____

TEACHER SIGNATURE: _____
REQUIRED FOR SCHOOL SPONSORED ACTIVITY

*****Students are NOT to interrupt classes to obtain signatures*****

Student is capable of maintaining progress in class	Student is <u>NOT</u> capable of maintaining progress in class
BLOCK 1: _____	_____
BLOCK 2: _____	_____
BLOCK 3: _____	_____
BLOCK 4: _____	_____
BLOCK 5: _____	_____
BLOCK 6: _____	_____
BLOCK 7: _____	_____
BLOCK 8: _____	_____

To the parent: I am aware of and approve my student's anticipated absence. I am also aware of the effect it may have on their grade in class. I understand that it is my student's responsibility to collect and complete all missing assignments.

PARENT SIGNATURE: _____ **DATE:** _____

RETURN THIS FORM TO ATTENDANCE OFFICE WHEN COMPLETED