



# Prearranged Student Absence Application

Please complete and submit a separate application for each student.

Students Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date(s) of school absence: \_\_\_\_\_

Prearranged absences will not be approved for longer than 10 days.

Absences that are not approved may be marked as unexcused.

Where will the experience take place? \_\_\_\_\_

Briefly describe the reason for absence: \_\_\_\_\_

1. All work missed during prearranged absences will be made up within one week of the students return to school. We suggest assignments be requested one week prior to the absence.
2. It will be the parents responsibility to supervise the make up work and be certain it is returned to the teacher.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Homeroom Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(PreK - 5<sup>th</sup> only)

### FOR SCHOOL USE ONLY

\_\_\_\_ Approved      \_\_\_\_ Conditionally Approved      \_\_\_\_ Denied

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If denied, reason for denial:

- \_\_\_\_ Application submitted after the absence
- \_\_\_\_ Application submitted less than one week prior to the proposed absence
- \_\_\_\_ Academic concerns
- \_\_\_\_ Unsatisfactory attendance
- \_\_\_\_ Leave request falls within district testing windows



## Prearranged Student Absence Application (Pg.2)

For Middle and High School Students

This section is for middle and high school students. Your teachers must provide the information below prior to you submitting the application to the office.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date(s) of school absence: \_\_\_\_\_

This student has applied for a prearranged absence. Please indicate his/her cumulative average in your course and the number of days absent this quarter.

Period	Subject	Cumulative Average	Days Absent	Teacher Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				