



Pre-Arranged Absence Form

Secondary

In accordance with Board Policy 3122

School: ☐ YHS ☐ RMS ☐ YMS Date Requested: _____

Student: _____ Grade: _____

Date(s) of Absence: _____

Reason for Request: _____

This form must be turned in to Attendance Office at least two weeks prior to the date of the absence(s)
and is not valid until signatures have been acquired

Policy 3122 and RCW 28.A.225 Related Excerpts:

- ☐ Students are expected to attend all assigned classes each day. Teachers shall keep a record of absences and tardiness.
- ☐ A reasonable number of absences due to illness or health condition, parental-approved activities, and family emergencies shall be counted as excused as required by law.
- ☐ Absences for parental approved activities shall be excused for the purposes agreed to by the principal and guardian. An absence may not be approved if it causes a serious adverse effect on the student's educational progress. The principal and parent may develop a written plan to address the impact of absences(s) on educational progress.

Parents/Guardians: I understand that my student's absence may affect his/her level of understanding and/or participation in class due to loss of instruction and ultimately may impact his/her grade. If any assignment(s) will be given and is available from the teacher prior to the student's absence, then the assignment(s) will be due immediately upon returning to class. If assignment(s) is not available prior the absence, the student will have an extended due date for the assignment(s) by the number of days absent.

Print Parent/Guardian

Parent/Guardian Signature

Date

School Review

Teachers: Please put the grade and any comment that will help support the student academically

Course	Grade	Teacher Signature	Teacher Comments (How will work be provided)	Work Provided Prior to Absence
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Principal or Designee Signature

☐ Excused

☐ Unexcused – Attendance Agreement

☐ Unexcused – BECCA

☐ Not recommended due to adverse effect