

PRE-ARRANGED ABSENCE FORM

STUDENT NAME: _____

SCHOOL: _____

DATE(S) OF ABSENCE: _____

REASON FOR ABSENCE: _____

The following must be signed by each teacher.

Teacher: Please indicate any work that will be missed and other notes or comments.

Class/Period	Teacher Signature	Notes

Parent Signature: _____ Date: _____

Telephone Contact during absence: _____

Student Signature: _____ Date: _____

Administrator or Designee Signature: _____ Date: _____

This form must be completed and submitted to be excused. The student must meet one or more of the following conditions: 1) is in good academic standing, 2) has no unexcused absences, or 3) has four or fewer excused absences in a semester or seven or fewer in a school year.