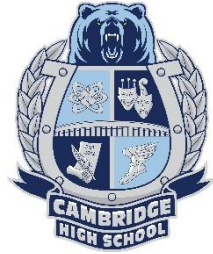


Cambridge High School

Pre-Approved Absence Form



Max 10 a year (5 per semester). Must be submitted at least 3 days prior to first day of requested absence(s) with parent note attached.

Student Name: _____ Grade Level: _____

Requesting Pre-Approved Absence(s) on the following Date(s): _____

Form must be accompanied by a note from a parent/guardian requesting the absence. All pre-approved absence requests must contain the following information: **Student Name, Student ID Number, Parent Name, Parent Contact Phone Number and Email Address, Date(s) of Absence(s), Reason for Absence(s).**

Pre-approved absences will NOT be granted in the last two weeks of the semester. Before admin approval, student must take this form to all teachers for their acknowledgement and signature. Pre-approved absences may be marked as "Remote" or "Pre-Approved" in Infinite Campus. Pre-Approved absences will not be approved without all teachers' signature and accompanying parent note.

1st Period: _____ Failing Class? Yes or No (please circle)

2nd Period: _____ Failing Class? Yes or No (please circle)

3rd Period: _____ Failing Class? Yes or No (please circle)

4th Period: _____ Failing Class? Yes or No (please circle)

5th Period: _____ Failing Class? Yes or No (please circle)

6th Period: _____ Failing Class? Yes or No (please circle)

7th Period: _____ Failing Class? Yes or No (please circle)

(Front Office Use Only) All must be checked for Approval

____ Note attached & verified with parent

____ Not Failing a Class / Classes

____ All Teacher Signatures Present

____ Hasn't exceeded absences for semester/year

Admin Approval: _____

Date: _____