

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 the school office no later than 3 days prior to the scheduled absence

In order for the absence 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.