Silver Creek School Corporation Pre-Arranged Absence Form

STUDENT _____ **GRADE**_____

REASON FOR ABSENCE ❑ **Medical** ❑ **Extra-curricular** ❑ **Vacation** ❑ **Other**

EXPLAIN REASON FOR ABSENCE_____

_____

DATES INVOLVED: BEGIN_____ **RETURN TO SCHOOL**_____

To obtain approval, this form must be completed and returned to the **ATTENDANCE OFFICE 3 SCHOOL DAYS PRIOR** to the intended absence. All sections must be completed to be valid.

_____
Teacher Signature

_____
Administrator Signature

Parent/Guardian: By signing this form, you acknowledge that you are aware of possible adverse effects on student academics due to the absence. You are also aware that the administration may deny excusing absences for academic or attendance-related issues. Teachers are NOT required to allow students to make up assignments, activities, or assessments for unexcused absences.

_____
Parent Signature

REVIEWED BY:

_____ ❑ **All Days Excused** ❑ **#____Days Excused** ❑ **All Days Unexcused**
Principal or Assistant Principal

Documented In IC:

_____ **Date:** _____
Attendance Office