

**INDIAN RIVER SCHOOL DISTRICT
PREARRANGED ABSENCE REQUEST FORM**

To be submitted at least 2 weeks prior to the planned absence.

Student Name: _____ Grade: _____

Homeroom Teacher: _____ School: _____

Date(s) of Absence: _____ Total Number of Days Requested (Maximum 5): _____

Reason for Absence (Check one and explain below):

- College/University Visit Family Activity Medical Reason Educational Activity
 Other: _____

Detailed Explanation of Absence (required):

I understand that:

- My child may be granted up to 5 days of prearranged absences per school year.
- This request must be made at least two weeks in advance.
- All missed work must be completed within 10 school days of the absence.
- Absences that occur during standardized testing or do not meet eligibility requirements may not be approved.
- Prearranged absences without prior approval will be unexcused.

Parent/Guardian/Caregiver Name (Print):

Signature

Date _____ Phone Number _____

To be completed by Teachers (All core content teachers must sign):

Teacher Name	Subject	Comments/Make-Up Plan	Signature

Administrative Review

- Approved Denied & Reason for denial (if applicable): _____

Administrator Signature: _____ Date: _____

