



Pre- Arranged Absence Form

Student Name: _____

Date(s) of Absence: _____

Reason for Absence: _____

TO THE STUDENT: To be valid this form must be completed, including your parent's signature and returned to the main office. It is the student's responsibility to contact their instructors to receive make-up assignments and/or advanced homework.

TO THE TEACHER: Please fill out the portion below and sign before parent signs. Please indicate and special conditions. This is only a request by the student. Until it is signed by the parent and administrator, no absences will be considered excused.

Session: AM PM

Program: _____

Teacher Signature: _____

Number of absences: _____

Current Grade: _____

Comments:

PARENT/GUARDIAN STATEMENT:

I have seen the instructor's comments and am aware of the effect this absence may have on my student's class status. I am aware, per district policy, a total of 5 days per year may be excused for vacation.

(Signature of Parent/Guardian)

(Date)

FOR OFFICIAL USE ONLY:

DATE RETURNED: _____

DATE(S) EXCUSED: _____