PRE-ARRANGED ABSENCE FORM

STUDENT NAME: STUDENT ID #:

DATE(S) OF ABSENCE:

REASON FOR ABSENCE:

The following must be signed by each teacher. *****IMPORTANT! PARENTS/GUARDIANS MUST CALL TO EXCUSE THE STUDENT! 303-982-7100***

Teacher: Please indicate any work that must be done by the student and specify if it should be done before or after the absence.

Block	Teacher Signature	Notes
1		
2		
3		
4		

5		
6		
7		
8		

*Parent signature: _____ Date: _____

IMPORTANT! PARENTS/GUARDIANS MUST CALL TO EXCUSE THE STUDENT! 303-982-7100

Telephone contact during absence: _____ Date: _____

Student signature: _____ Date: _____

Counselor signature: _____ Date: _____

This form must be completed and submitted to the main office no later than 1 week prior to the scheduled absence.