

Takoma Academy

Date of Request: _____

PREARRANGED ABSENCE REQUEST

Name of Student: _____

Date(s) of Absence: _____

Reason(s) for Absence: _____

STUDENT: You must get signatures from your teachers and school work supervisor, if applicable. Read the statement below carefully and sign where indicated. Make sure to complete and turn in Homework/Classwork Request Forms for each class, if necessary.

PARENTS: Please review each teacher's remarks concerning whether or not work may be turned in and missed tests made up. Carefully read the statement below and sign where indicated. **Submit this form only when it has been fully completed.**

TEACHERS: Please indicate (1) if the absence will have an effect on the student's grade; (2) whether or not assignments, including tests, are to be made up before the student leaves, after returning or not at all; and (3) initial the appropriate line.

BLOCK	CLASS	MAKE UP?	REMARKS	INITIALS
A / D				
B / E				
C / F				
ALT1				
ALT2				

I understand that unless this pre-arranged absence is for a school-approved function, or a medical appointment, it may show as an unexcused absence on the student's permanent record. I also understand that if an instructor does not approve the request, the student may not make up work or tests missed because of the absence.

Student's Signature

Parent's Signature

Work Supervisor's Signature



This form is to be completed and returned to the Principal's office no later than two (2) days prior to the planned absence.