



## Prearranged Absence Request

Date of Request: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

Class(es) Missed:  All Classes  1  2  3  4  5  6  7  8  Other

Reason(s) for Absence: \_\_\_\_\_

**STUDENT:** You must get signatures from your teachers and school work supervisor, if applicable. Read the statement below and sign where indicated.

**PARENT:** Please review the homework assigned to your student. Read the statement below and sign where indicated.  
**Submit this form only when it has been fully completed.**

**TEACHER:** Please assign make-up homework and due date, continue on the back of this sheet if necessary. Initial in the designated space.

PERIOD	CLASS	HOMEWORK	INITIALS
1			
2			
3			
4			
5			
6			
7			
8			
Other			

**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

***This form must be completed and received by the Front Office no later than 3 days prior to absence.***

FRONT OFFICE USE ONLY	
DATE RECEIVED:	RECEIVED BY: