



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: