PRE-ARRANGED ABSENCE FROM SCHOOL

This form should be completed by student/parent, presented to each teacher to complete, and then submitted to the school office for approval *prior* to any anticipated absence of one day or more.

The student must recognize that he/she is responsible for any work missed while being absent. The teacher will provide instructions as to what work will have to be made up, but the responsibility for the completion of the make up work rests with the student.

Please be aware that if this is an extended absence (more than one day), teachers may not have homework available in advance due to the dynamics of each class.

After this form is completel	ly filled out, r	eturn it to the scho	ool office fo	or attendar	ice purposes.		
Student Name				Grade	Today's	Today's Date	
Signature of Parent Authorizin	ng Absence						
Number of school days to be missed Days abser			Month D	ay / Year	to/	Day Year	_
Reason for absence							
☐ Family Business/V	/acation □ Illness/H	lospitalization 🗖 School Bus	iness (describe)	College Visit/	Job Shadow (name of	college/ company)	
Class Teacher			Assignment				

copy in office for attendance

Authorization of Administrator/Principal _____