



Request for Pre-Arranged Absence

This form should be submitted at least a week prior to requested absence.

Date: _____

Name of Student _____ Grade _____

Name of Student _____ Grade _____

Name of Student _____ Grade _____

Name of Student _____ Grade _____

Date(s) of Requested Absence _____

Reason for Absence _____

If this request is granted, I agree that my student will make up the work missed either before or immediately after the absence. Major assignment given in advance of the absence days may be due before you leave. Tests and quizzes that are missed due to this absence may be taken after the student returns to school. The default time period for turning in the work is up to the teacher.

Parent's Signature

-----Office Use Only-----

This absence will be recorded as
___Excused ___Unexcused Reason _____

Administrator _____

Date _____