

## PRE-ARRANGED ABSENCE FORM

STUDENT NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

DATE(S) OF ABSENCE: \_\_\_\_\_

REASON FOR ABSENCE: \_\_\_\_\_

The following must be signed by each teacher.

Teacher: Please indicate any work that will be missed, and other notes or comments.

Class/Period	Teacher signature	Notes

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone contact during absence: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator or Designee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be completed and submitted to the school office no later than 3 days prior to the scheduled absence**

**In order for the absence to be excused, the student must meet one or more of the following conditions: 1) is in good academic standing 2) has no unexcused absences, or 3) has four or fewer excused absences in a semester or seven or fewer in a school year.**