

**PRE-ARRANGED ABSENCE FORM**

**STUDENT:** This form must be completed and submitted to the office **2 days** prior to the pre-arranged absence.

Process for gathering signatures:

1. Teachers
2. Administrator
3. Parent

STUDENT NAME: \_\_\_\_\_ YEAR IN SCHOOL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE(S) OF PRE-ARRANGED ABSENCE: \_\_\_\_\_

REASON FOR PRE-ARRANGED ABSENCE: \_\_\_\_\_

**TEACHERS:** Please check the appropriate column:

Column I: Student will be allowed to make up his/her work provided that it is accomplished within the time allotted by the teacher.

Column II: Student will not be allowed to make up the work.

Column III: The type of work being done during the absence cannot be made up.

Column IV: I strongly recommend that your child not be absent as his/her academic progress cannot afford the lost time.

PERIOD	COURSE	TEACHER'S SIGNATURE	I	II	III	IV

\_\_\_\_\_  
Signature of Administrator

**PARENT:** The school, being concerned with your child's educational progress, has provided the means for each teacher to inform the parent of his/her opinion relative to the pre-arranged absence. Please see the above recommendations concerning your student's pre-arranged absence.

I, the parent/guardian of the above named student, accept the conditions described above for this pre-arranged absence.

\_\_\_\_\_  
Signature of Parent or Guardian