Pre-arranged Absence Request

Student Name: ____________________________________________

Grade: ___________________________  Today’s Date: _______________

Date(s) of Absence(s): __________________________________________

Purpose of Absence: __________________________________________________________________

________________________________________________________________________________

Parent/Guardian Signature: _________________________________________________________

Daytime # (_____)_________________  Evening # (_____)_________________

Cell # (_____)____________________

Complete this form and submit to the Principal seven (7) days in advance of the absence.

Prearranged absences may be requested for medical procedures, significant family events (e.g. weddings or funerals), school-sponsored events/activities.

Prearranged absences will NOT be granted for family vacations or leisure activities.

*** This box for office use only **

Date: ___________________________  TERMS: ______________________________________

Received by: ______________________ Approval Signature: ________________________