



Developmental Research School  
at the University of Florida

# 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: \_\_\_\_\_