



Developmental Research School
at the University of Florida

Pre-Arranged Absence Form

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.

Pre-arranged 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: _____