



FS & HS PRE-ARRANGED ABSENCE FORM

STUDENT NAME: _____

DATES OF ABSENCE: _____

REASON FOR ABSENCE: _____

DATE FORM COMPLETED: _____

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: _____

Approved **Unapproved**

This form must be completed and submitted to the **school office** at least **3 school days prior** to the scheduled absence or it is automatically unexcused.

In order for the absence requested to be excused, the student must meet two or more of the following conditions.

**please check all that apply*

- ____ Child is in good academic standing
- ____ Child has no unexcused absences
- ____ Child has 5 or fewer absences in a semester or 10 or fewer in a school year

*After you have reached your 10 days all absences are unexcused unless given administration approval.