

Pre-Arranged Absence Form

		Today's Date	
		Request should be initiated upon return to school f	ollowing an absence.
Student		Grade	
(Please print)	Day of Week	Date	
Danas			
Reason:			
Sickness (Verific	ation from a doctor may be	needed.)	
Serious illness or	death in the immediate fan	nily	
Religious/church	-sponsored event		
Medical appointr	ment (Every effort should b	e made to schedule appointments during hour	s when
school is not in s	session. Please include note	from medical office with this form.)	
College visitation	n day(s) for juniors and sens	ors (A note is required from the college's adm	nissions
office verifying	official campus visit; maxii	num 3 per year to be taken by May 1.)	
Other (please pro	vide reason)		
Student's Signature		Parent's Signature	
		Administrator's Signature	

- When the front of this form is completed, the student should return it to the office. A copy will be maintained in the office and the original will be returned to the student.
- As a courtesy to the student, the reverse of this form has space to record homework assignments and make-up test dates and obtain a teacher signature for each class.
- Please review the Parent-Student Handbook section on absences.

Make-Up Plan

Subject:	Assignments: _		
			Date
Subject:	Assignments: _		
		Teacher's Signature	Date
Subject:	Assignments: _		
		Teacher's Signature	_Date
Subject:	Assignments: _		
		Teacher's Signature	Date
Subject:	Assignments: _		
		Teacher's Signature	_Date
Subject:	Assignments: _		
Subject:	Assignments:	Teacher's Signature	Date
		Teacher's Signature	Date
Subject:	Assignments: _		
		Teacher's Signature	Date