Pre-arranged Absence Form **Please complete this form at least one week prior to the absence and return to the front desk.**

Name of Student (Please print) _____Grade _____

Date(s) of Pre-Arranged Absence _____

Reason for Absence _____

Teacher/Assignment: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Student Signature _____Date _____
(for students in Grades 7-12)

Parent Signature _____Date _____

Administrator Signature_____Date _____