



## PRE-ARRANGED ABSENCE FORM

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Date(s) Absent: \_\_\_\_\_

Reason for absence: \_\_\_\_\_

1. This completed form must be turned in to the office a minimum of two (2) school days prior to the date(s) of the pre-arranged absence.
2. A copy of this completed form will be given to the teacher by the office prior to the date(s) of the pre-arranged absence.
3. Upon returning from the extended absence, the work must be turned in to your teachers within two (2) school days.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_