



# PRE-ARRANGED ABSENCE FORM

Student Name \_\_\_\_\_ Grade (circle one): 6 7 8 9 10 11 12

Date(s) of Absence \_\_\_\_\_

Reason for Absence \_\_\_\_\_

The purpose of prearranging absences is to promote communication among students/parents/teachers. This form should be used for absences such as family vacations, religious observations, non-school athletics/activities, college visitations, scheduled appointments and hospitalization.

Excused Absences include illness, medical or dental appointments, religious observances and family emergencies.

Family Vacations/Non-School activities should be planned for non-school days. If there is a special reason for an absence on a school day (e.g. family trip, non-school sports), this completed form must be returned to the attendance office at least 3 school days before the absence in order for the absence to be excused. Failure to follow procedure will result in an unexcused absence. Students may be approved for five (5) prearranged absences per school year. Any other missed days for non-school reasons or those outside the valid excused policy (BSD Policy 3122) will be unexcused absences.

Make-up Assignments: When your child has an excused absence, the teacher will provide make-up assignments, as appropriate. Make-up assignments for an unexcused absence will be provided at teacher discretion. When a family vacation/non-school activity is an excused absence, teachers will not be expected to spend extra time recreating the instruction missed. Students shall acquire from the teacher information about what assignments will be missed during the absence and will be expected to submit required work either prior to leaving or immediately upon returning from the absence.

Parent/Guardian Signature: \_\_\_\_\_

For College Visits: Counselor Signature \_\_\_\_\_

**\*In addition to the notes below, your teacher may require you to fill out a pre-arranged absence study plan**

Period	Class	Teacher Signature	Affects Grade	Teacher Comments	Study Plan Supplement
0			Y / N		Y / N
1			Y / N		Y / N
2			Y / N		Y / N
3			Y / N		Y / N
4			Y / N		Y / N
5			Y / N		Y / N
6			Y / N		Y / N
7			Y / N		Y / N

**After reviewing, please return to the Attendance office 3 days prior to the absence**

**Attendance Office Only**

Entered in Synergy      Date Entered: \_\_\_\_\_      Signature: \_\_\_\_\_

# of Days Excused: \_\_\_\_\_      # of Days Unexcused: \_\_\_\_\_      Reason: PRA SA APP