

PRE-ARRANGED ABSENCE FORM

STUDENT _____ ID# _____ GRADE _____

REASON FOR ABSENCE Medical College Visit Extra-Curricular Vacation Other

EXPLAIN REASON FOR ABSENCE _____

DATES INVOLVED _____ TIME OF DEPARTURE _____

To the student: To be valid this form must be completed and returned to the **ATTENDANCE OFFICE TWO SCHOOL DAYS PRIOR** to the intended absence. All sections of the form must be completed including teacher and parent signatures.

To the teacher: Please check the YES or NO box if the student has **proactively communicated** their intended absence with you AND have **accurately** indicated their grades and missing assignments.

To be filled out by the student:

To be filled out by teachers:

PERIOD	GRADE TO DATE	DAYS ABSENT IN PERIOD	EX	UX	TEACHER SIGNATURE	COMMENT
0						
1						
2						
3						
4						
5						
6						
7						

Board Policy 3122P – Absence for parental-approved activities - This category of absence will be counted as excused for purposes agreed to by the principal and the parent/guardian for a **maximum of five days. An absence may not be approved if it causes a serious adverse effect on the student’s educational process.*

****Any unexcused absence will count against the five days that an administrator can excuse.****

Parent/Guardian: By signing this form, you are acknowledging that you are aware of possible adverse effects on student academics due to absences and that administration may deny excusing absences for academic or attendance-related issues. Teachers are NOT required to allow students to make up assignments, activities, or assessments for unexcused absences.

Parent Signature

REVIEWED BY:

Attendance Specialist or Assistant Principal All Days Excused # _____ Days Excused All Days Unexcused