



Pre-Arranged Absence Request

Student Name: _____ ID #: _____ Grade: _____

Reason for Request: _____

Dates of Absence(s): _____ Affected Periods: _____

STUDENT INSTRUCTION: This form must be completed and returned to the Attendance Office at least 5 days prior to the absence. The form must be completed in the following order:

1. List the affected period(s), class name(s), and obtain each teacher's signature and comments, in the table below.
2. Obtain an SHS Administrator's approval for the absence by having them sign this document.
3. Have your Parent or Guardian approve the absence by having them sign this document.
4. With Steps 1 – 3 completed, please return this form to the Attendance Office for completion.

Period	Class Title	Teacher Signature	Teacher Comments

Approved Not Approved *(If the absence is not approved, it will not be excused.)*

Administrator Comments:

Administrator Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Print): _____

Attendance Office Signature: _____