



Request for Pre-arranged Absence

Student ID # _____

The securing and execution of this form is the responsibility of the student.

The parent/guardian of: _____ are planning for him/her to be absent from school for: _____ day(s), beginning on: _____. And will return to school on: _____ for the purpose of: _____.

The wisdom of your missing school at this time depends largely on your progress in your classes. To determine if your teachers feel that you can afford to be gone, please do the following:

- Present this form to each of your teachers.
- Ask them to indicate your grade/standing in their class and their opinion of your missing school.
- Return this completed form to the Attendance Office no more than **5 days prior** to your absence.

Subject	Current Grade	Can this student afford the planned absence? Yes or No	Homework during absence?	Teacher Signature	Teacher Comments

Parent/Guardian signature (or attach note from Parent/Guardian): _____

Signature of Principal or Principal Designee: _____
(Required if absence is discouraged by 2 or more teachers)

Signature of Principal: _____
(Required if absence falls on an exam day)