



PRE-ARRANGED ABSENCES



Students: You must obtain signatures from all of your teachers on this form, which acknowledges you have arranged for completion of work that you will have missed and that you are aware of the effect this absence may have on your grade in these classes.

Student's Name: _____ Grade: _____

Date(s) and Time(s) of planned absences(s): _____

Reason for planned absence: _____

Parent signature: _____ Date: _____

Class Name	Approval?	Teacher Signature	Reason for not approved
	Yes No		
	Yes No		
	Yes No		
	Yes No		
	Yes No		
	Yes No		
	Yes No		
	Yes No		

Principal's Signature: _____ Date: _____

Parents: If this absence is not excused in full, it is still your decision whether or not to take your son or daughter out of school. If you do, please realize the academic jeopardy in which he/she will be placed, and the impact it may have on future success.