

Office Use Only
Date Received _____

PRE-ARRANGED ABSENCE REQUEST

TODAY'S DATE: _____

STUDENT'S NAME: _____

TEACHER: _____

I am requesting that my child be allowed a pre-arranged absence on the following date(s): _____ for the purpose of _____
_____.

I am making this request at least five (5) school days in advance of the absence. I understand that no more than three (3) school days may be pre-arranged per school year.

Parent's signature

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_____ Approved

_____ Denied because _____

Principal's Signature/Date

Note: Absences which occur that do not meet the guidelines of the corporation's attendance or pre-arranged absence policies are considered unexcused and may result in a deduction of one letter grade for any work completed during that period.