

## PREARRANGED ABSENCE REQUEST

To be filled out 10 days in advance Return to office

Today's date: \_\_\_\_\_

Student's name: _		Grade:
	(Print)	

Reason for absences: \_\_\_\_\_ Dates of absences: \_\_\_\_\_

Missing classroom instruction cannot be duplicated and can be a disadvantage for learning and obtaining information as well as good grades. All assignments and tests should be completed upon returning from the absence and/or will be allowed to be made up in accordance with the student's handbook.

Parent signature: \_\_\_\_\_

Teacher/Subject	Instructions