



# Student Request for Prearranged Absence

Please fill out the personal information below and return it to the office at least **one week prior** to the requested absence(s).

Teachers will fill out the missing assignments and get the needed work to your student.

Student Name: \_\_\_\_\_ Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date(s) of Absence: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Absence: \_\_\_\_\_

Subject	Assignments	Due Date
Bible		
Handwriting		
Math		
Reading		
Science		
Spanish		
Spelling		
Other		

## OFFICE USE ONLY

Approved By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Excused or Unexcused

After this absence, the student will have \_\_\_\_/10 for the semester limit.