



Student Request for Prearranged Absence

Please take this form to all teachers and return it to the office at least **one week prior** to the requested absence(s).

Student Name: _____ Date of Request: ____/____/____ Date(s) of Absence: ____/____/____ - ____/____/____

Reason for Absence: _____

Period	Class	Assignments	Due Date	Teacher Signature
1				
2				
3				
4				
5				
6				
7				
8				

OFFICE USE ONLY

Approved By: _____ Date: ____/____/____ Excused or Unexcused

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