



Student Request for Prearranged Absence

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

Student Name: _____ Date of Request: _____ Date(s) of Absence: _____

Reason for Absence: _____

| Subject | Assignments | Due Date | Teacher Signature |
|-------------|-------------|----------|-------------------|
| 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.