



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: _____

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.