



Prearranged Absence Request

Please complete this form and submit it to the principal at least two days prior to the absence.

Parent/Guardian: _____ Today's Date: _____

Phone: _____

Email: _____

Student: _____ Grade: _____ Teacher: _____

Student: _____ Grade: _____ Teacher: _____

Student: _____ Grade: _____ Teacher: _____

Total Number of School Days that Student(s) will be absent: _____

Date(s) of Requested Absence: _____

Describe the reason for this request for an excused absence: _____

If applicable, describe any educational objectives or activities you have planned for your child during the period of absence: _____

Have you previously applied and received approval for an excused absence?

_____ No _____ Yes – then please complete the following:

Date(s): _____ Circumstances: _____

Parent/Guardian Signature: _____

For School Use Only (Copy to Parent, Homeroom Teacher, Child's Permanent Record)

_____ Approved _____ Denied

Homeroom Teacher Signature: _____ Date: _____

Homeroom Teacher Signature: _____ Date: _____

Homeroom Teacher Signature: _____ Date: _____

Principal Signature: _____ Date: _____