



PREARRANGED ABSENCE FORM

1. STUDENT

Student Name: _____ Grade: _____ Student ID: _____

Parent/Guardian Name (please print): _____

I am requesting a prearranged absence for my child on the following date(s): _____

Please provide details about the reason for the absence (attach additional sheets if needed):

Note to Parent and Student:

I understand that requests for prearranged absence must be submitted at least one week prior to the absence. The principal has the authority to approve this request based on factors such as the educational value of the proposed experience, the resulting personal or family benefit, and the impact of the absence on the student's academic progress. It is the student's responsibility to contact the teacher(s) to request makeup work. Makeup work must be completed by the student within the time specified by the teacher.

Parent or Guardian Signature: _____ Date: _____

2. TEACHER

Teachers: Please provide any work that will be required upon the student's return.

Period	Subject	Assignments	Comments	Teacher's Initials
1				
2				
3				
4				
5				
6				
7				
8				

3. ADMINISTRATOR

☐ Prearranged Request APPROVED (Excused)

☐ Prearranged Request UNAPPROVED (Unexcused)

Administrator's Signature: _____ Date: _____

Comments: