PRE-ARRANGED ABSENCE REQUEST

STUDENT: ___________________________________ DATE RECEIVED IN OFFICE: __________

This form is available for families and students to request prior approval for a planned absence. While we discourage missing class, it is understandable that some family situations may require it. No planned absence should cause a serious detrimental effect upon academic progress.

DATE(S) OF ABSENCES: __________________ & REASON FOR ABSENCE(S) ________________________________

Parent Signature: ______________________________ Contact phone: _______________________

1. Family completes top portion of this form.
2. Classroom teacher add comments, current grade percentage, and sign.
3. Submit completed form to Mrs. Clark-Bennett 48 hours before your planned absence.

Period 1: Teacher Comments: ____________________________________________________________

Current Grade Percentage:___________ Teacher Signature____________________________________

Period 2: Teacher Comments: ____________________________________________________________

Current Grade Percentage:___________ Teacher Signature____________________________________

Period 3: Teacher Comments: ____________________________________________________________

Current Grade Percentage:___________ Teacher Signature____________________________________

Period 4: Teacher Comments: ____________________________________________________________

Current Grade Percentage:___________ Teacher Signature____________________________________

Period 5: Teacher Comments: ____________________________________________________________

Current Grade Percentage:___________ Teacher Signature____________________________________

Period 6: Teacher Comments: ____________________________________________________________

Current Grade Percentage:___________ Teacher Signature____________________________________

Period 7: Teacher Comments: ____________________________________________________________

Current Grade Percentage:___________ Teacher Signature____________________________________

PLEASE SUBMIT THIS COMPLETED FORM TO MRS. CLARK-BENNETT

ADMINISTRATOR APPROVAL: YES __________ NO ___________

COMMENTS: __________________________________________________________________________

ADMINISTRATOR SIGNATURE: ______________________________________ DATE: __________