

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 Mr. Schwan 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 MR. SCHWAN

ADMINISTRATOR APPROVAL: YES _____ NO _____

COMMENTS: _____

ADMINISTRATOR SIGNATURE: _____ **DATE:** _____