

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:** _____