

Pre-Arranged Absence Form

Please submit this form to the school office at least one week prior to the absence.

Student last name	
Teacher	Student grade level
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A student may be excused for temporary absences when rece	eiving satisfactory evidence of illness or other acceptable reasons. The
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Parent/guardian name	Date
Parent/guardian signature	Contact phone number
To be filled out by principal	
• • •	unexcused.
Student absences this semester, including this absence:	
Principal comments:	
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Principal signature A copy of the completed form with the principal's signature v	Date will be provided to the parent/guardian.
Make up work	
When a family knows in advance their child will be absent fr	om school for five or more days, a separate class work make-up request
may be made through the school office.	Office use only
	organized F_excused Teacher notified HIG-1259 (Revised 7-17)