To be completed by the office:

Student #: ___________ Reviewed by: ________________________________ Approval Date: ____________

Pre-Arranged Absences

Pre-arranged absences are absences which are evaluated in advance. To obtain a pre-arranged absence, the student must:

1. Circulate this form among his/her teachers who will sign it and indicate to what extent the student’s grade will be affected by the proposed absence.
2. Have the parent/guardian sign this form.
3. Return this form to the attendance office at least 1 week prior to the absence.
4. The attendance office will notify the parents/student if the absence will not be excused according to the District criteria.
5. Parents and students are responsible for evaluating the effect of the absence(s) on the students’ grade, progress, and his/her standing with the attendance/loss of credit policy.
6. The principal or designee may only grant permission for a student’s absence providing such absence does not adversely affect the student’s educational process.

Section 1 – To be completed by Student or Parent/Guardian

Student Name: ___________________________ Grade: ____________  Today’s Date: ____________

Date(s) of Absence(s)_____________________________________________  Periods 1  2  3  4  5  6  7  8 :

Reason for Absence(s)____________________________________________________________________________

Section 2 – To be completed by Teachers – BEFORE PARENT/GUARDIAN SIGNATURE IN SECTION 3:

TEACHERS: Initial Appropriate Spaces

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<th>1</th>
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<th>5</th>
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</thead>
<tbody>
<tr>
<td>Students must make up work.</td>
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<td>Absence could adversely affect academic progress.</td>
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<tr>
<td>Student need not make up work.</td>
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</table>

Section 3 – To be signed by Parent/Guardian after section 2 has been completed:

I have read the above, and I am aware of the teachers’ comments regarding the effect of this absence on my student’s academic progress. It is my student’s responsibility to make up all assigned work according to his/her teachers’ classroom guidelines.

_____________________________ ________________________________
Signature of Parent/Guardian Date

______________________________
Printed Name of Parent/Guardian

For Office Use:

_______Absence Excused ______Absence Not Excused  Reason ________________

Principal or Designee’s Signature ________________________________ Date

THIS FORM MUST BE RETURNED TO THE ATTENDANCE OFFICE AT LEAST 1 WEEK PRIOR TO THE ABSENCE!

Parent Absence Request combined  6/9/2017