PRE-ARRANGED ABSENCE FORM

STUDENT NAME: ________________________________

DATE/DATES ABSENT: __________________________

☐ ALL DAY ☐ MORNING ☐ AFTERNOON

The above student has requested an excused absence for the period of _______ to _______ (HS ONLY).

He/she will be absent because of ________________________________________________________________.

Approved: __________________________________________

Authorized Signature (Office)

__________________________________________

Parent Signature or note attached