Augusta Raa Middle School - Home of the Rams

Dr. Marcus Scott, Principal Mr. Logan Crouch, Assistant Principal Mr. Kelly Lynch, Assistant Principal Dr. Kiffani Browning, Assist Principal Ms. Cathy White, Dean of Students



401 W. Tharpe Street, Tallahassee, Fl 32303 Tel: (850) 488-6287 Fax: (850) 922-5835 Website: www.leonschools.net/raa

Pre-Arranged Absence Request

This form is due no later than 3 days before the absence(s) is/are to occur

TO: School Administration		
FROM: Parent/Guardian		
RE: Request to have absence(s) excused		
Please excuse child (student name)	Grade	
On the following date(s):		
For (reason for absence; attach documentation	n as appropriate):	
Educational Benefit of absence (required for a	approval):	
attendance. It is the sole discretion of the prin	it is the responsibility of the parent for their child's school cipal or his designee to excuse absences based on the necessity ading, past attendance records, and other pertinent information	
Parent/Guardian signature		
Home or Cell Phone number: Date:	Work Phone Number:	_
	e notified if this request is denied**	
(All information below do	otted line will be filled out by school personnel)	
REQUEST APPROVED – absence will be r	recorded as excused:	
REQUEST DENIED – absences will be reco	orded as unexcused:	
Administrator Signature	Date:	

PLEASE RETURN THIS FORM TO THE FRONT OFFICE