Pre-Arranged Absence Form

(Due at least one week before the absence is to occur)

TO:			
	Attendance Administrato	or, School	
FROM:	Parent/Guardian		
RE:	Request to have absence(s) excused	
Please excu	ise my son/daughter		Grade
On the foll	owing date(s):		
Reason for	absence(s); attach documenta	ation as appropriate):	
for 180 da 135 hours performand 10 or mor	ys to be eligible to receive for a year's course (67.5 ho ce standards for the defined of	credit. A student must m urs for a semester course course. Therefore, stude	ades 9-12 are expected to be in schoo neet course requirements and be presen e) or demonstrate mastery of the course ents with unexcused absences totaling semester exam in order to be eligible
Parent/Gu	ardian signature:		
Home or c	ell phone number:	Wor	rk phone number:
Date:			
	uest Approved - absence will h	be recorded as excused:	
	uest Denied - absence will be www.ill be notified if the absence		
Administr	ator signature:		Date:
	** Please retu	rn this form to the Attend	ance Office **
2757	West Pensacola Street • Tallahasse	ee, Florida 32304-2998 • Phone www.leon.k12.fl.us	e (850) 487-7147 • Fax (850) 487-7141 •
"The Le		ot discriminate against any pe ce, religion, national origin, ag	erson on the basis of gender, marital status,
B			e Together