



**Pre-Arranged Absence Form**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date(s) of absence: \_\_\_\_\_

Reason for absence: \_\_\_\_\_  
\_\_\_\_\_

Educational benefit of absence (required if not medical):  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Phone/Email: \_\_\_\_\_

Date: \_\_\_\_\_

**Return the Completed Form to your child's teacher or the front office within three days before absence(s).**

Assistant Principal signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Request Approved
- Request Denied/Need more information