



PRE-ARRANGED ABSENCE REQUEST FORM

Instructions: Please submit this form to the front office for approval by Mrs. Beth McCauley **at least one week in advance** of the anticipated date(s) of absence. Parents and students agree that it is the student's responsibility to make up any missed academic work upon returning to school. Please refer to the Parent Student Handbook for additional guidelines.

STUDENT NAME: _____ CLASS: _____

STUDENT NAME: _____ CLASS: _____

STUDENT NAME: _____ CLASS: _____

STUDENT NAME: _____ CLASS: _____

HOMEROOM TEACHER: _____

DATE(S) OF ABSENCE: _____

REASON FOR ABSENCE: _____

PARENT NAME: _____

PARENT SIGNATURE: _____

DATE: _____

OFFICE USE ONLY:

APPROVED BY: _____ DATE: _____

Beth McCauley, Headmaster

CHECK ONE: EXCUSED PERSONAL DAY UNEXCUSED