

REQUEST FOR PREARRANGED ABSENCE MIDDLE AND HIGH SCHOOL

1. Student

Student Name _____ Student ID _____ Grade _____

Parent or Guardian Name (please print name) _____ Middle or High School _____

I request a prearranged absence for my child on the following date(s) _____

Please provide details about the reason for this absence:

Medical Religious Observance Family Emergency College Visit

Other _____

Excused absences may include, but are not limited to, the following reasons: illness (including mental health and substance use illnesses), injury, funerals, legal obligations, medical procedures, religious observances, military obligations, deployment-related absences, family emergencies, or other reasons deemed acceptable by the principal.

If the reason for this prearranged absence is different from the above, please indicate the reason for the absence. Parents must plan to arrange for their child to complete make-up work, tests, or projects. If the student's absences are excessive, a parent conference may be required. Students who are absent 15 or more consecutive school days will be withdrawn from enrollment.

I acknowledge that I have reviewed these requirements.

Parent or Guardian Signature _____ Date _____

2. Teacher Review

Please indicate your recommendations

Period	Subject	Teacher Name	Initials	Comment
1				
2				
3				
4				
5				
6				
7				
8				

3. Administration Review

Administrator Name _____

Administrator Signature _____ Date _____