

NYE COUNTY SCHOOL DISTRICT PREARRANGED ABSENCE REQUEST

Prearranged absences are those not health and/or medically related that parents/legal guardians deem important enough for their student to miss school.

All requested information is necessary for administrative review. The parent/legal guardian and student must complete, sign and return this two-page form to the principal/designee no less than five (5) days before the desired absence.

School Name: _____ Grade: _____

Print Student Name (first/last): _____

Name of Requesting Parent/Legal Guardian: _____

Date(s) of Requested Absence: _____

Reason for Absence:

Our signatures below indicate our understanding of this request and that all prearranged make-up work is due as indicated on the completion plan on the back of this form unless a different date is approved by the teacher. Approved prearranged absences for which coursework is not completed and submitted, shall be reversed and will be considered unapproved (truant).

Student Signature _____ Date _____

Parent\Legal Guardian Signature _____ Date _____

For Administrative Use:

- The student has not yet reached a total of ten (10) absences in the current year;
- The current request will not push student absences beyond a total of ten (10) absences for the year;
- The description of circumstances and reasoning for the request is acceptable;
- The completion plan for missed coursework is complete;
- The student's academic progress and school behavior to date is appropriate for this request; **and**
- Teacher approval has been secured as indicated by their signature on the completion plan; **or**
- The absence is related to deployment activities; additional excused absences shall be granted at the discretion of the superintendent/designee for students to visit a parent/legal guardian called to duty, is on leave from, or immediately returned from deployment-related combat (NRS 388F.010, Article V, E)

Prearranged Absence Approved **Prearranged Absence Not Approved**

School Principal/Designee Signature _____ Date _____

Printed Name of School Principal/Designee _____ Date _____

Notification of approval or denial must be provided to requesting parent/legal guardian and student.

COMPLETION PLAN FOR MAKE-UP WORK

School Name: _____

Grade: _____

Print Student Name (first/last): _____

Items of Completion Plan

Each teacher will indicate make-up work for the student to complete during this requested prearranged absence (attach additional information if needed). The student will turn in make-up work to each teacher upon return within the required timeline, or upon the date the teacher indicated (no less than the number of days absent, plus one unless other arrangements were made and communicated by the school principal/designee).

Grade Level Teacher: _____

1st Period: _____

2nd Period: _____

3rd Period: _____

4th Period: _____

5th Period: _____

6th Period: _____

7th Period: _____

All teacher and counselor signatures must be secured before this document is turned in to the school principal/designee for review. Each staff signature below indicates approval of this request.

Grade Level Teacher Signature: _____

Or

1st Period Teacher's Signature: _____

2nd Period Teacher's Signature: _____

3rd Period Teacher's Signature: _____

4th Period Teacher's Signature: _____

5th Period Teacher's Signature: _____

6th Period Teacher's Signature: _____

7th Period Teacher's Signature: _____

School Counselor Signature: _____