## **STUDENT PRE-APPROVED ABSENCE FORM**

Section 1: Comp	leted by pare	ent/guardian:	_			
Student's Name:				Grade:		
I/We request that						
			ence:			
_			to School On:			
Reason:						
School Contacted	by:					
	•	FORM	OTHER			
• ALL ASSIGNMEN with the teacher	uired to contac TS ARE DUE Of ).	ct the office and N THE DAY THE S	complete the necessa STUDENT RETURNS TO	SCHOOL (unless	E WEEK PRIOR to leaving. other arrangements are made	
Parent/Guardian Signature:					Date:	
		Please retur	n form to the scho	ool office.		
Section 2: Compl	leted by secr	etary or princ	<u>cipal</u>			
Student will miss	school	days				
Attendance Office	er:			_		
Principal Signatur	e:					
Absence Ex						
Absence U						
<ul> <li>Other</li> </ul>						

## Section 3: Communication with teachers

It is the responsibility of the student to communicate with all teachers regarding the absence and any classroom requirements or expectations during the absence. This should occur PRIOR to the absence.