

PRE-ARRANGED ABSENCE MEDICAL REQUEST FORM

The pre-arranged absence for medical leave is for those students who require longer-term medical care and are aware of this in advance (i.e. scheduled surgery, wisdom teeth, etc.) All medical-related absences will be marked excused provided that a leave-school pass is issued and documentation of the appointment is provided prior to leaving school or immediately upon return to school.

In order for a longer-term medical absence to be pre-arranged, parents must request approval through the Administration Office (568-6511 ext. 1302) **a minimum of one week prior to the planned absence.** This form will require the signature of the student's teachers in all classes prior to the absence being approved by the administration.

Doctors who are recommending students miss 10 or more days of schooling may be provided homebound tutoring through the Guidance Office. Please contact Mrs. Julie Amendt regarding services. Documentation from the doctor will need to specify the length of time in which students will be absent. Under 10 days of missed school will require students to work under the advisement of their guidance counselor for completing missing work and assignments.

DATE OF ABSENCE(S) - include procedure date as well as follow up care dates per Doctor:

____/____/____ THRU ____/____/____

Teacher's signature indicates the student made arrangements for make-up work prior to absence:

Period	0 _____	3 _____	6 _____
	1 _____	4 _____	7 _____
	2 _____	5 _____	8 _____

I am requesting an avoidable pre-arranged absence for the following student:

Name: _____ Student ID#: _____

Reason: _____

Student Signature

Parent Signature

Date

Attendance Office Use Only:

Approved _____ Yes _____ No

_____/_____/____

Administrative Signature

Date:

cc. Julie Amendt - Director of Special Education, Katie Palek - School Nurse, and Maureen Olson, Nick Rode, or Natasha Schultz - Guidance Counselor