



# ELEMENTARY PRE-ARRANGED ABSENCE

Student Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Date(s) of absence: \_\_\_\_\_

Reason for absence \_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_

Parent Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS FORM MUST BE SIGNED BY THE PARENT AND  
RETURNED PRIOR TO THE SCHEDULED ABSENCE.  
PLEASE NOTE THAT THIS FORM DOES NOT MEAN  
THE ABSENCE IS EXCUSED.**

\*\*\*Per school policy, students with more than 5 avoidable absences in one quarter may not receive credit.  
Students with more than 5 absences may need to meet with their parents and the principal per board policy.

Office Use Only:

Teacher :

Office: