



Pre-arranged Absence Request

I, the parent/guardian of the student referenced below, request a pre-arranged absence for my student on the dates indicated below.

Student Name: _____

Date(s) of absence: ____ / ____ / ____ to ____ / ____ / ____

Reason for absence: _____

E-mail address: _____ @ _____

Parent/guardian name (please print): _____

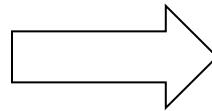
Parent/guardian signature: _____

**** All requests must be made at least two weeks prior to absence ****

For office use only:

_____ Request received ____ / ____ / ____

Guidance comments: SEE OTHER SIDE



Meg Punt

Date

_____ Request approved

_____ Request denied

Greg Frescoln, Administrator

Date

Date e-mailed to staff & parent

Guidance Comments:
