



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 _____
Date

_____ Cate Frantz, Attendance Clerk _____
Date

_____ Request approved _____ Request denied

_____ Request pending School Board Approval

_____ Greg Frescoln, Administrator _____
Date

Date e-mailed to staff & parent