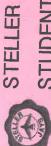


Pre-Arranged Absence Form

Please submit this form to the school office at least one week prior to the absence.

Complete one form for each student.

Student last name	Student first name MI
	Student grade level
ASD Attendance Policy	
	receiving satisfactory evidence of illness or other acceptable reasons. The
1. Illness,	4. Attendance at a religious service, or
2. Death or serious illness in the immediate family,	5. Extenuating circumstances approved by the principal.
3. Participating in a school function,	
An absence may be coded unexcused if the student demo proficiency. Chronic absence is missing 10 percent or mo	onstrates or is at risk of chronic absenteeism or is below academic ore of school for any reason.
Pre-planned absence	
My child will be absent from to	Number of school days missed:
I acknowledge these absences may impact my child's ac	
Reason:	
Parent/guardian name	Date
Parent/guardian signature	Contact phone number
To be filled out by principal	
This absence will be coded as excused	unexcused.
Student absences this semester, including this absence:	
Principal comments:	
Principal signature	Date
A copy of the completed form with the principal's signature	
Make up work	
	from school for five or more days, a separate class work make-up request
	Office use only
Entered in Q: P-unexcused pre	e-arrangedE-excusedTeacher notified HIG-1259 (Revised 7-17)



STELLER SECONDARY PRE-ARRANGED ABSENCE STUDENT NAME: GRAC

GRADE:

RETURN ORIGINAL TO OFFICE

FILL OUT COMPLETELY