



# 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 \_\_\_\_\_

Teacher \_\_\_\_\_ Student grade level \_\_\_\_\_

## ASD Attendance Policy \_\_\_\_\_

A student may be excused for temporary absences when receiving satisfactory evidence of illness or other acceptable reasons. The following conditions may result in an excused absence from school:

- 1. Illness,
- 2. Death or serious illness in the immediate family,
- 3. Participating in a school function,
- 4. Attendance at a religious service, or
- 5. Extenuating circumstances approved by the principal.

An absence may be coded unexcused if the student demonstrates or is at risk of chronic absenteeism or is below academic proficiency. Chronic absence is missing 10 percent or more 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 academic and/or social progress.**

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 will be provided to the parent/guardian.

## Make up work \_\_\_\_\_

When a family knows in advance their child will be absent from school for five or more days, a separate class work make-up request may be made through the school office.

Office use only

Entered in Q: \_\_\_\_\_ P-unexcused pre-arranged \_\_\_\_\_ E-excused \_\_\_\_\_ Teacher notified



# STELLER SECONDARY PRE-ARRANGED ABSENCE

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

DATE: \_\_\_\_\_

PERIOD 1	SUBJECT TEACHER	Assignments:
PERIOD 2	SUBJECT TEACHER	Assignments:
PERIOD 3	SUBJECT TEACHER	Assignments:
PERIOD 4	SUBJECT TEACHER	Assignments:
PERIOD 5	SUBJECT TEACHER	Assignments:
PERIOD 6	SUBJECT TEACHER	Assignments:
PERIOD 7	SUBJECT TEACHER	Assignments:
ADVISOR SIGNATURE		

RETURN ORIGINAL TO OFFICE

FILL OUT COMPLETELY