

PRE-ARRANGED ABSENCE
(1-4 DAYS)

STUDENT: _____

DATES: _____ To _____

REASON: _____

This is a request by the student and the parent to make up any work missed during a pre-arranged absence. It is the responsibility of the student to consult with the teacher regarding the assignments to be made up and any tests that need to be taken.

PARENTS/GUARDIANS: A donation of \$50 per day is appreciated. Checks can be turned into Denise Ball or Bonnie Keilbach, Attendance Office. Thank you.

PER.	SUBJECT	TEACHER'S SIGNATURE	ARRANGEMENT FOR MAKE-UP WORK	MAKE-UP WORK DUE DATE
0				
1				
2				
3				
4				
5				
6				

STUDENT SIGNATURE: _____

PARENT SIGNATURE: _____

RETURN TO ATTENDANCE OFFICE BEFORE ABSENCE

* If make-up work is not turned in by the due date indicated on this form, teachers may not accept the work.