

## International Prearranged Absence

Date of Request: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Will be absent on the following dates: \_\_\_\_\_

Reason: \_\_\_\_\_

Prearranged absences need to be scheduled five (5) school days in advance.

Parents/Guardians:

As the Parent/Guardian of \_\_\_\_\_, I understand that this absence will not adversely affect by child's education.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Office Use:*

I, Craig Nelson, Principal of Jefferson Elementary School, **agree/do not agree** that this absence will not adversely affect the above student's education.

\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved/Reason:

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Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_