



# 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 absence.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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,   | 4. Attendance at a religious service, or |
| 2. Death or serious illness in the immediate family | 5. Extraordinary circumstances           |

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 signature

Date

A copy of the completed form with the principal's signature will be provided to the parent/guardian.

## Make up work

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CHANGED ABSENCE

GRADE:

DATE:

Assignments:

Assignments:

Assignments:

Assignments:

Assignments:

Assignments:

Assignments:

FILL OUT COMPLETELY