



**PRE-ARRANGED
PERSONAL ABSENCE
(PREPLAN)**



Student Name: _____

GRADE _____ WEST _____ EAST _____

DATE(S) OF ANTICIPATED ABSENCE _____

REASON FOR ABSENCE _____

PARENT/GUARDIAN SIGNATURE _____

STUDENTS PLEASE HAVE FORM SIGNED BY ALL OF YOUR TEACHERS AND BY YOUR PARENT/GUARDIAN. RETURN THIS SIGNED FORM TO THE ATTENDANCE OFFICE AT LEAST 24 HOUR PRIOR TO YOUR ABSENCE.

TEACHERS, PLEASE CHECK THE APPROPRIATE RECOMMENDATION

Column **1**: Classwork must be made up **prior** to absence.

Column **2**: Classwork will be allowed to be made up.

Column **3**: The classroom experience cannot be repeated i.e. simulations, discussion etc.

Column **4**: Strongly recommend your child be present. Student cannot afford lost time.

PERIOD	COURSE	TEACHER SIGNATURE/COMMENTS	1	2	3	4
RES/FLEXI						
2						
3						
4						
5						
6						
7						
8						

Families should carefully evaluate taking students out of school. While a pre-planned absence may provide an excellent learning experience, an absence from school may create learning problems for your student. Please consider the above comments before signing this form. **Remember, the responsibility to make up class work rests with the student. Students must inform teachers at least two days prior to the anticipated absence.**