PRE-APPROVED ABSENCE REQUEST

ABSENCE REQUEST FOR: _____ GRADE: _____

Student Name (as it appears on official records)

REASON FOR REQUESTING ABSENCES: _____

_____
_____
_____ SEMINARY CLASS: ____

DATE (S) TO BE MISSED: _____

*Pre-Approved Absence Request Form must be completed, signed, dated and returned to the Attendance Office prior to the absence.

_____   _____

PARENT/GUARDIAN SIGNATURE   PHONE NUMBER

STUDENT RESPONSIBILITY

I assume the responsibility of acquiring and making up all missed work during my absence. This pre-approval will eliminate the requirement of ARC's related to this absence, but I understand that missing school creates a difficulty in recreating the missed learning opportunities and may have a negative impact on my grades and/or credit.

STUDENT SIGNATURE: _____

REQUEST APPROVED BY: _____ Date: _____

ADMINISTRATOR'S SIGNATURE

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	CLASS	ASSIGNMENT DUE	TEACHER SIGNATURE	HOW STUDENT SHOULD GET MISSED INFO.
A1				
A2				
A3				
A4				
B5				
B6				
B7				
B8				