

Medical Prearranged Absence Form

**This form must be completed and submitted to the High School Office
before the first scheduled absence.**

Student: _____ Date Submitted: _____

Date(s) of Absence(s): _____

Parents: Your signature shows that you have given permission to your child to be absent from school on the day(s) indicated. Please indicate for the reason for the requested absence(s), add any additional comments, and sign.

Specific reason for request: _____

Parent Signature: _____ Date: _____

Teacher section

Please indicate this student's current grade in your class and add your signature:

Hour	Class	Instructor Signature	Current Marking Period Percentage
------	-------	----------------------	-----------------------------------

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____