

PRE-EXCUSED ABSENCE FORM

Instructions: Fill out requested information in box and sign. Bring to office 3 days prior to absence.

Student _____ Grade ____ Teacher _____

Student _____ Grade ____ Teacher _____

Student _____ Grade ____ Teacher _____

Student _____ Grade ____ Teacher _____

Date(s) of Absence _____ Total School Days _____

Date of **Return** to School _____

Check Category Requested

____ Medical Excused Absence

____ Religious Holiday

____ Travel/Vacation Absence

Reason for Absence: _____

Date _____ Parent/Guardian Signature _____

- For School Use Only -

Disposition of Request

(Absence will be recorded in category checked)

- Documented Excused
- Medical Excused Absence
- Religious Holiday
- Travel/Vacation Absence

Date _____ Principal's Signature _____