

Drake Middle School PRE-ARRANGED ABSENCE FORM

STUDENT NAME: _____

DATE(S) OF ABSENCE: _____

REASON FOR ABSENCE: _____

The following must be signed by each teacher.

Teacher: Please indicate any work that will be missed, and other notes or comments.

Class/Period	Teacher signature	Notes

Parent signature: _____ **Date:** _____

Telephone contact during absence: _____

Student signature: _____ **Date:** _____

Administrator or Designee signature: _____ **Date:** _____

This form must be completed and submitted to the school office for an administrator's signature no later than 3 days prior to the scheduled absence.