

PRE-ARRANGED ABSENCE FOR STUDENTS

Student name: _____

Date(s) to be absent: _____

Reason for absence: _____

Class Schedule	This student is doing well in my class.	This student is having difficulty in my class.	Teachers' Signatures
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

(This form should be signed by all of the student's teachers and returned to the office.)

Signature of the parent or guardian who is aware of this request for the pre-arranged absence is required below.

It is the student's responsibility to make up any missed work or tests. Teachers may or may not be able to send work prior to the absence. Please check with the individual teachers what their curriculum will allow.

Any concerns or special situations should be directed to Mrs. Zurliene. You can call her at 523-4253 or email her at: zurliene@clinton.k12.il.us

parent/guardian signature

office signature