

MADISON SCHOOLS PRE-ARRANGED ABSENCE FORM

Name _____ Grade _____

Reason for absence:

Date or dates of requested absences:

PARENTS: Please know that absences will affect your child’s academic performance. Please be aware of the attendance policy, the grading policy and the exam policy as stated in the Student/Parent Handbook.

Parent’s signature: _____ **Date** _____

TEACHERS: The above student has requested permission to have this pre-arranged absence from school. If it meets with your approval, please initial below and comment in any manner that may be helpful for the principal to make her decision to approve or disapprove the request. Such comments may be whether the student can afford to miss these days and whether the student’s grades have been rising or failing recently.

<u>SUBJECT</u>	<u>HOUR</u>	<u>ASSIGNMENT REQUIRED AND COMMENTS</u>	<u>INITIALS</u>

Number of days missed to date: _____

Comments: _____ Approve _____ Disapproved

Administrator’s Signature

____ Please note that the absences are countable towards the attendance policy.

____ Please note – these absences will be coded as school related and will not count towards the attendance policy.