

Request for Pre-Arranged Absence

Name _____ Day/Date of Absence _____

Reason for Absence _____ Absences to Date _____

Period	Class	Teacher	Approximate Grade	Approve	Approve with Reservation	Do Not Approve	Teacher Signature
A							
B							
C							
D							
E							
F							
G							
H							

THIS FORM MUST BE COMPLETED AND RETURNED TO THE DEAN OF STUDENTS' OFFICE AT LEAST TWO SCHOOL DAYS PRIOR TO THE STUDENT'S ABSENCE. FAILURE TO DO SO WILL RESULT IN DISCIPLINARY ACTION. FAILURE TO SUBMIT A COMPLETED FORM PRIOR TO THE STUDENT'S ABSENCE WILL RESULT IN AN UNEXCUSED ABSENCE FOR EACH CLASS PERIOD MISSED.

Please reference the Parent/Student Handbook for specific information about Notre Dame Preparatory's absence policy.

I have read this completed form, understand the consequences herein, and request an excused absence for my student on the above date (s).

Parent Signature _____ Date _____