



JIM ELLIOT CHRISTIAN HIGH SCHOOL

PRE-ARRANGED ABSENCE REQUEST

Student Name: _____

Date(s) of Pre-Arranged Absence: _____

Reason for Absence: _____

We have read and understand the Elliot school policy regarding pre-arranged absences as noted in the Student Handbook, and accept our responsibilities. **It is the parent's responsibility to keep track of their student's 5 excused absences in a semester. This form must be turned into the office no earlier than 2 weeks and no later than 2 days before student leaves**

Student Signature: _____

Parent Signature: _____

Student's Pre-Arranged Absence Has Been Confirmed By:

(Administration or School Counselor Signature)

The student below has _____ absence(s) this semester and is in good academic standing.

Yes No Explain:

TEACHER SIGNATURE INDICATING HE/SHE IS AWARE OF ABSENCE

(Unless otherwise noted below, all work is due on the day the student returns to class)

	SIGNATURE:	DATE WORK IS DUE:	QUIZ & TEST RETAKE:
PERIOD 1:	_____	_____	_____
PERIOD 2:	_____	_____	_____
PERIOD 3:	_____	_____	_____
PERIOD 4:	_____	_____	_____
PERIOD 5:	_____	_____	_____
PERIOD 6:	_____	_____	_____
PERIOD 7:	_____	_____	_____