



SECONDARY STUDENT Pre-Arranged Absence Form

Completion of this form does not guarantee that absence will be excused.

Student Name _____ Teacher/Grade _____

Parent Name _____ Email or Phone _____

List Consecutive Date(s) Absent: _____

NOTE: If dates are missing, the form will be returned to parent to complete. Please complete multiple forms if dates are not consecutive.

Reason for Absence: _____

Medical/Dental appointments **require a note from the Dr to **EXCUSE** the absence. Without the Dr's note the absence will be considered **unexcused**.*

*** Pre-Arranged forms turned in for family trips are **unexcused**. but assist the Attendance Clerk with properly coding a student's whereabouts.*

PARENTS, PLEASE REVIEW INSTRUCTIONS BELOW` :

1. Please have this form signed by each of your student's teachers. **Original only MUST** be submitted to Attendance Office **no less than 3 days before the first day absent.**
2. Students will have the opportunity to submit assignments in a period of time equal to the number of days absent. Students may request missed work prior to absence, but it is not guaranteed to be provided prior to absence.
3. For more information regarding absence policies, please see the Attendance Policy in Student/Parent Handbook.

Parent Signature: _____ Date _____

Student Signature: _____ Date _____

TEACHER/OFFICE USE ONLY BELOW

TEACHERS: It is the students/parents responsibility to arrange make-up work. Please initial to show that you have seen this form & assigned work. DO NOT GIVE TO STUDENT!

PERIOD	MAKE-UP ASSIGNMENTS	TEACHER INITIALS
1		
2		
3		
4		
5		
6		
7		
8		

SCHOOL PHONE 702-462-9700

SCHOOL EMAIL: SLOANATTENDANCE@PINECRESTNV.ORG

*****OFFICE USE ONLY BELOW*****

Date Received in Attendance Office

Initials _____