

PRE-ARRANGED ABSENCE FORM

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

Student Name _____ ID # _____ Home Phone # _____ Counselor _____

List Date(s) Absent _____ All Day Late--Approx. Time In _____ Sign Out Time _____

1. Obtain all assignments from the teachers to cover periods of absence. Turn in completed assignments on the first day of return to class. In some cases, such work may be completed in advance. Assume the responsibility for promptly completing work.
2. This form must be returned and approved by the Dean's Office after teachers have signed it no later than one (1) school day **before** absence date(s) or the absence **will be** unexcused.
3. Students who accumulate more than five (5) days of absences per semester (excused or unexcused) will be placed on **Attendance Watch List** which will require a doctor's note or other formal documentation for any additional absences to be excused.

Reason for absence:

- College Visit Medical Appointment Dental/Ortho Appointment Court
 Funeral Vacation/Family Trip Other (reason) _____

Parent Signature _____

Student Signature _____

Subject	Teacher	Homework/Comments
Pd. 1 _____	_____	_____
Pd. 2 _____	_____	_____
Pd. 3 _____	_____	_____
Pd. 4 _____	_____	_____
Pd. 5 _____	_____	_____
Pd. 6 _____	_____	_____
Pd. 7 _____	_____	_____
Pd. 8 _____	_____	_____

ATTENDANCE PHONE # 708-741-5860

FAX # 708-424-5263

Date received in Dean's Office _____

Initials _____