

# PRE-ARRANGED ABSENCE FORM

Completion of this form does not guarantee the absence(s) will be excused.

Student Name: \_\_\_\_\_

ID # \_\_\_\_\_

Date(s) Absent: \_\_\_\_\_

All Day OR  Late-Time In:

OR  Sign Out Time: \_\_\_\_\_

1. Obtain all assignments from the teachers to cover periods of absence. 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 Attendance Office after teachers have reviewed and signed the request. The form must be submitted no later than one (1) school day **before** the absence date(s) or the absence will be unexcused. You may send completed form to [attendanceoffice@olchs.org](mailto:attendanceoffice@olchs.org) or fax (708) 424-5263.
3. Please also submit documentation such as doctor's note, religious documentation, court document, flight itinerary, etc. when possible.

**\*This form does NOT apply to final exams.\***

**Reason for absence:**

College Visit

Medical Appointment

Dental/Ortho Appointment

Court

Funeral

Vacation/Family Trip

Other (reason) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

**Subject**

**Teacher Signature**

**Homework/Comments**

Zero Hour \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pd. 1 \_\_\_\_\_

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Pd. 2 \_\_\_\_\_

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Pd. 3 \_\_\_\_\_

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Pd. 4 \_\_\_\_\_

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Pd. 5 \_\_\_\_\_

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Pd. 6 \_\_\_\_\_

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Pd. 7 \_\_\_\_\_

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Pd. 8 \_\_\_\_\_

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Pd. 9 \_\_\_\_\_

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Pd. 10 \_\_\_\_\_

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