

RETURNED TO  
OFFICE ON:



WASHINGTON  
MIDDLE SCHOOL

# Pre-Arranged Absence Form

**The securing and completion of this form is the responsibility of the student.**

The parents of \_\_\_\_\_ are planning to cause this student to be absent from school for \_\_\_\_\_ school days starting from \_\_\_\_\_ (start date) to \_\_\_\_\_ (returning date) for the purpose of \_\_\_\_\_

We request that the school cooperate with us by allowing this student to make up work missed so far as this is possible and to receive appropriate credit for it.

\_\_\_\_\_  
Parent/Guardian Signature

**ACADEMIC STANDING- (Teacher Comment)**

Missing school at this time depends largely on your progress in your classes. To evaluate this and to determine, if your teachers feel you can afford to be gone, you must present this form to each of your teachers and ask them to indicate your present grade standing and their opinion of your missing school. Ask them to indicate this in the spaces below:

	<u>Subject</u>	<u>Grade</u>	<u>Teacher</u>	<i>Should this student miss school?</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

**VERIFICATION TO THE PARENTS- (to be filled out by the school)**

This is to confirm that the school is aware of your plans to cause your child to be absent from school on \_\_\_\_\_ (dates).

Under the circumstances we feel that we CAN \_\_\_\_\_ CANNOT \_\_\_\_\_ cooperate with this request by authorizing the student to make up the work and to receive credit for the work. If you have any questions or concerns, please contact the main office at 262-359-6291. Thank you!

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date: