

1. Obtain Parental Signature
2. Obtain signature of teachers
3. Obtain Approval of Administrator
4. Return to the main office

**Pre-approved of Absence
Eagle Valley High School**

For Office Use Only

Date _____

Excused

Unexcused

This form shall be used when a student knows five school days in advance that he/she will be absent from school.
Student may not take final exams early. Exams will need to be made up on the student's own time after they return.

Student's Name _____ Grade _____
(please print)

Date(s) of proposed absence(s) _____

Reason for absence _____

Period	Class	Teacher Initials	Current Grade	Absences to date	Homework/Concerns
1					
HR					
2					
3					
4					
5					
6					
7					
8					

I, the lawful parent/guardian of this student, understand that any absence from classes may affect my student's grade, as the teaching/experiences missed may not be replicated. I also understand that for excused absences my student will be allowed one day for each day missed to make up assignments and that it is my student's responsibility to request make-up work and turn it in within the stipulated limits. If the absence(s) is (are) noted as unexcused, teachers are not obligated to accept late work.

Please print parent name and contact phone number

Parent/Guardian Signature

Date

Relationship to Student

Administrator Signature

Date

Please provide e-mail address if you would like a copy of this completed form