



Columbia Junior High School

PREARRANGED ABSENCE FORM

This form must be completed, **at least one week in advance**, prior to the scheduled absence. The Administrator will have final determination of whether the absence will be marked as excused or unexcused.

Student Name _____ Grade _____

Date absence begins _____ Date student returns _____

Reason for Absence _____

This form must be initialed by the appropriate teacher(s) and signed by your parent/guardian. **RETURN** the COMPLETED form to the Attendance Office prior to your absence.

Period	Teacher/Subject	Initials	Comments (i.e. make-up deadlines, impact on grade, concerns)
1			
2			
3			
4			
5			
6			

I understand that it is my responsibility to obtain and complete assignments missed due to my absence and submit my work according to the time schedule set by each teacher.

Student signature _____ Date _____

Parent/Guardian: I have seen the teacher's comments and am aware of the effect this absence may have on my student's academic status. Absences may not be approved if it is determined the absences cause serious adverse impact on the student's educational progress.

Parent/guardian signature _____ Date _____

Excused Not Excused Against Educational Advice

Administrator Signature _____ Date _____