

PRE-ARRANGED ABSENCE FORM

Lathrop High School

THIS FORM IS TO BE COMPLETED AND TURNED IN PRIOR TO AN ABSENCE.

DIRECTIONS:

1. Student fill out form
2. Teachers are to give a recommendation and sign
3. Parent/Guardian is to review and sign
4. Pre-arranged absence forms are to be turned in to the Attendance Office.
5. Counselors Signature

STUDENT NAME _____ DATE _____ GRADE _____

DATES OF ABSENCE: FROM _____ THROUGH _____

REASON FOR ABSENCE: _____

- As a parent/guardian I understand school attendance is mandated by state law A.S.14.30.010 and I also understand absences from school might affect my student's academic progress.

PARENT/ GUARDIAN SIGNATURE

PERIOD	SUBJECT	RECOMMENDATION	TEACHER SIGNATURE
1 st	_____	YES NO	_____
2 nd	_____	YES NO	_____
3 rd	_____	YES NO	_____
4 th	_____	YES NO	_____
5 th	_____	YES NO	_____
6 th	_____	YES NO	_____

COUNSELORS SIGNATURE: _____