



# Kennedy Catholic High School

## Pre-Arranged Absence Request

STUDENT

ID #

GRADE

**FROM**

**TO**

DATE(S) OF ABSENCE

PERIODS

REASON FOR REQUEST

### STUDENTS

This form must contain signatures and be returned to the Attendance Office **before** the absence for validation.

### TEACHERS

Please complete the following evaluation of the student's status, indicating any special conditions. This is a request by the student. No absences will be considered excused until signed by the parent and approved by the Principal/Designee.

PERIOD	CLASS	ACADEMIC GRADE	COMMENTS	TEACHER'S SIGNATURE
1				
2				
3				
4				
5				
6				
7				
Adv.				

### PARENT/GUARDIAN

I have seen the teacher's comments and am aware of the affect this absence may have on my child's academic progress. I also understand the absence/s count toward the 8 absence/loss of academic credit policy.

PARENT / GUARDIAN SIGNATURE

DATE

COUNSELORS NOTIFICATION SIGNATURE

DATE

ACADEMIC VICE PRINCIPAL/DESIGNEE APPROVAL SIGNATURE

DATE

**RETURN THE SIGNED FORM TO THE CAMPUS LIFE/ATTENDANCE OFFICE**