

**ELYRIA CATHOLIC HIGH SCHOOL
PRE-ARRANGED ABSENCE FORM
2016 – 2017**

The purpose of this form is to serve as a communication tool between parents, students and teachers to indicate that a student’s grade might be affected due to requested absence.

STUDENT DIRECTIONS

1. Student must have all teachers initial this form.
2. Take home for parent’s/guardian’s review and signature **AFTER** teachers have completed; **return 2 days prior to the absence.**
3. Submit it to Main Office for principal’s approval.

Student’s name _____ Grade _____ Homeroom _____

Date(s) of absence _____

Reason for request _____

TEACHER DIRECTIONS: Indicate below with your initials if you approve or not approve; add your comments as needed.

	<u>APPROVED</u>	<u>NOT APPROVED</u>	<u>COMMENTS</u>
Period 1	_____	_____	_____
Period 2	_____	_____	_____
Period 3	_____	_____	_____
Period 4	_____	_____	_____
Period 5	_____	_____	_____
Period 6	_____	_____	_____
Period 7	_____	_____	_____
Period 8	_____	_____	_____

PARENT/GUARDIAN DIRECTIONS

My signature verifies that I have seen each teacher’s comments. If this request is for a vacation, my signature verifies that this vacation is being taken with the student’s parent or guardian.

Parent’s /Guardian’s Signature _____

Principal’s Signature _____

****The Administration reserves the right to “excuse” or “not excuse” the absence based on reasons set forth in the Student Handbook.**