



HENRY M. JACKSON HIGH SCHOOL

1508 136th Street SE
Mill Creek, WA 98012
Phone (425) 385-7000 ▪ Fax (425) 385-7002

DAVE PETERS
Principal, 12th

SHAUN MONAGHAN
Assistant Principal, 11th

MICHELLE RENEE
Assistant Principal, 10th

BLYTHE YOUNG
Assistant Principal, 9th

PRE-ARRANGED ABSENCE FORM

Student Name: _____

Student Number: _____

Grade: _____

***NEW JHS POLICY RE: PRE-ARRANGED ABSENCES EXCEEDING 3 SCHOOL DAYS: REQUIRES ADMINISTRATION APPROVAL (SEE BELOW)**

Check boxes as you complete form:



- SIGNATURE OF STUDENT AND PARENT/GUARDIAN IS ON FORM.
- ROUTED TO ALL TEACHERS FOR APPROVAL AND REQUESTED MAKE UP WORK.
- CURRENT LMS GRADES AND ATTENDANCE ARE ATTACHED.
- RETURNED PRE-ARRANGED ABSENCE FORM TO THE ATTENDANCE OFFICE A MINIMUM OF ONE WEEK PRIOR TO ABSENCE. IF ABSENCES EXCEED 3 DAYS, YOU WILL BE NOTIFIED OF ADMINISTRATOR'S APPROVAL BY THE ATTENDANCE OFFICE WITHIN 3 SCHOOL DAYS OF TURNING IN YOUR FORM.

I (*Parent/Guardian*), request that _____ (*STUDENT NAME*), be permitted to be absent from classes on the following date(s), _____ due to the following reason: _____. My student and I agree that he/she will be ultimately responsible for arranging with the teacher, prior to the absence, missed assignments, tests and/or homework during my student's absence. In addition, the teacher has the right to set due dates for all missed assignments, tests, and homework.

Class	TEACHER COMMENTS	STUDENT IS PASSING ✓	SIGNATURE
Period 1		<input type="checkbox"/> YES NO <input type="checkbox"/>	
Period 2		<input type="checkbox"/> YES NO <input type="checkbox"/>	
Period 3		<input type="checkbox"/> YES NO <input type="checkbox"/>	
Period 4		<input type="checkbox"/> YES NO <input type="checkbox"/>	
Period 5		<input type="checkbox"/> YES NO <input type="checkbox"/>	
Period 6		<input type="checkbox"/> YES NO <input type="checkbox"/>	

Parent Signature: _____

Student Signature: _____

Date: _____

Office use only do not write below this line

DATE ATTENDANCE OFFICE NOTIFIED STUDENT OF APPROVAL: _____

Administrator's Signature for Approval: _____ Date: _____

COMMENTS OR CONDITIONS OF APPROVAL: _____
