



HENRY M. JACKSON HIGH SCHOOL

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

Dave Peters
Principal

Shaun Monaghan
Assistant Principal

Michelle Renee
Assistant Principal

Blythe Young
Assistant Principal

Nichol Cassaro
Assistant Principal

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: _____
