



SEQUOIA HIGH SCHOOL  
 3516 Rucker Avenue Everett, WA 98201  
 (425) 385-5100 Fax: (425) 385-5102



Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

***Prearranged Absence Form***  
 (Parent / Guardian Request)

**Student Procedures:**

1. PLAN AHEAD! Pick up for at least 48 hours before planned absence.
2. Talk with each of your teachers to make a plan for missed classes.
3. Parent / Guardian signature is required after reviewing teacher comments.
4. Return completed form to the Attendance Office prior to the absence for administrator approval.

**PLEASE READ:**

Although students may benefit from experience outside the school, the successful completion of each course requires classroom attendance. Parents / Guardians and students should hesitate to consider absences from school for any reason other than illness or family emergencies. If an absence is unavoidable, we request that students complete this form by following the above procedure. The student has the responsibility to make arrangements for the completion of class work missed.

Reason for absence: \_\_\_\_\_  
 \_\_\_\_\_

Date(s): \_\_\_\_\_ Time / Period: \_\_\_\_\_

Period	Class	Teacher Signature	Comments
1			
2			
3			
Adv			
4			
5			
6			

**Parent / Guardian Section:**

I have reviewed the teacher comments. I approve of my son's / daughter's absence from school on the date(s) indicated.

Parent / Guardian Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Required for approval)

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\*\*\*\*Office Use Only\*\*\*\*

Verified by: \_\_\_\_\_ Via: Phone / In Person Date: \_\_\_\_\_