

EVERETT HIGH SCHOOL
 2416 Colby Ave Everett, WA 98201
 Attendance Office: 425-385-4405
 FAX 425-385-4402

Student Name _____
Student ID # _____

PRE-ARRANGED ABSENCE
(Parent Request)

Student Procedures:

1. PLAN AHEAD! Obtain pre-arranged absence form.
2. Route to each teacher for a signature and consequential comments.
3. Upon review of "Teacher Comments" – Parent/Guardian signature is required.
4. Administrator signature is required before returning form to the attendance office.
5. Return completed form to the Attendance Office prior to the absence.

PLEASE READ:

Although students may benefit from experience outside the school, the successful completion of each course requires continuous classroom attendance. Parents 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 | Subject | Teacher Signature | Comments |
|--------|---------|-------------------|----------|
| 0 | | | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

Parent Section:

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

Parent/guardian Signature _____ Phone Number _____

Administrator Signature: _____ Date: _____
 (Required for approval)

****Office Use Only****

Verified By: _____ Via: Phone/ In person Date: _____