West Valley School District
_____________________________ Elementary School

Pre-arranged Absence Form

Date: ______________________

Student Name: ________________________________________________ Grade: ____________

Teacher: ________________________________________________________

Dates of Absence:  From __________ to __________ Days of school missed: ______

Reason for Absence: _____________________________________________

______________________________________________________________

Parent/Guardian Signature: __________________________ Date: ____________

Subject Performance Level Comments

______________________________________________________________

______________________________________________________________

______________________________________________________________

Effect of absence on student’s progress: ____________________________

______________________________________________________________

______________________________________________________________

Teacher Signature: __________________________ Date: ____________

Based on the above information, the student’s current academic achievement, and the potential negative results of this absence, the request is:

Accepted, Excused __________ Denied, Not Excused __________

Principal Signature: __________________________ Date: ____________