

Arranged Absence Form

Childs Name: _____ **Teacher:** _____

Reason for missing school:

Beginning Date: _____ Date Returning: _____ Total Missed Days: _____

Parents Signature: _____ Date: _____

Teachers Signature: _____ Date: _____

Directors Signature: _____ Date: _____

This form must be approved by the director at least one week prior to date of absence.