

Veneta Elementary
PRE-ARRANGED ABSENCE FORM

Parents please complete the top portion of this form, sign it, and give it to your child's teacher at least 2 WEEKS prior to your child's scheduled absence.

Student Name: _____ Grade: _____

Parent or Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

DATES ABSENT: Beginning date: _____ Return to school date: _____

PURPOSE OF ABSENCE: _____

SUBJECT	ASSIGNMENT (indicate if text book needed)

WORK TO BE COMPLETED AND RETURNED TO TEACHER DUE DATE: _____

TEACHER COMMENTS: _____

Parent Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Note to parent: Please be aware that even though your child completes the assignments listed above, time spent receiving instruction from the teacher in the classroom *cannot* be made up. Absences from school may affect your child's grades.

Note to teacher: Please complete this form as soon as possible. When this form is complete, please provide a copy to Ronda for the student's cumulative file. This original form goes with the student.