



ENCORE ACADEMY
PRE-ARRANGED ABSENCE FORM

This form must be completed and submitted to the school office no later than two full academic days prior to the scheduled absence.

Complete one form per student.

STUDENT NAME: _____ GRADE: _____

DATE(S) OF ABSENCE: _____

REASON FOR ABSENCE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE COMPLETED BY PARENT: _____

Period	Teacher	Any Current Missing Assignments	Assignments That Will Be Missed During Absence	Teacher Expectations
1				
2				
3				
4				
5				
6				
7				
8				

**USE BACK IF MORE SPACE IS NEEDED TO DOCUMENT ASSIGNMENTS OR EXPECTATIONS*

Administrative Use:

Administration has checked student academic performance as well as all previous absences.

_____ Students current total of Excused Absences _____ Students current total of Unexcused Absences

Administrator Signature: _____ Date: _____

All Days Excused # _____ Days Excused # _____ Days Unexcused All Days Unexcused