

BALLARD HIGH SCHOOL

2017-2018

PARENT/ GUARDIAN INITIATED PRE-ARRANGED ABSENCE FORM

****ONLY FOR ABSENCES OF AT LEAST TWO DAYS (USE A NOTE FOR SHORTER ABSENCES)
TO BE COMPLETED BY PARENT/GUARDIAN WITH A WRITTEN REQUEST ATTACHED.**

Student's Name _____ ID Number _____

Date Absence Begins: _____ Absence Ends: _____

Reason: _____

(In accordance with Ballard High School's Attendance Policy, you are reminded that absences may jeopardize your student receiving credit and Family Vacations are not excused based upon District policy.)

PRE-ARRANGED ABSENCE FORMS must be completed and submitted three (3) days prior to the absence. Signatures of teachers whose classes will be missed must be obtained on this form. It is the responsibility of the student to obtain and complete assignments missed due to pre-arranged absences.

TO BE COMPLETED BY CLASS TEACHERS: (Before Parent permission and signature)

| Teachers initial appropriate space | Per. 1 | Per. 2 | Per. 3 | Per. 4 | Per. 5 | Per. 6 |
|---|--------|--------|--------|--------|--------|--------|
| Will not need to make-up work | | | | | | |
| Will require make-up work | | | | | | |
| Will adversely affect class progress and work cannot be made up | | | | | | |
| Puts student in danger of lowered grade or failing the course | | | | | | |
| This student <u>absolutely</u> should not miss class | | | | | | |
| Current grade in class | | | | | | |
| | | | | | | |

After completing the above information, the student must obtain the signature of a parent/guardian. Bring completed form to The Attendance Office for Administrator signature.

Parent/Guardian Signature _____ Date _____

Administrator: _____ Date _____

Comments: _____

Recommended: _____
Not Recommended: _____