

PORT TOWNSEND SCHOOL DISTRICT
Pre-Arranged Absence Form (Secondary Schools)
(to be completed for 3 or more consecutive days of absence)

Student Name _____ Grade _____

Dates of Absence _____

Reason for Absence _____

To the Student:

You must take this form to your teachers and tell them that you plan to be absent for three or more days. You will need to communicate with your teachers and make arrangements for activities and assignments that will be missed while you are gone.

It is your responsibility to get your teachers and parents to sign this form, and to return it to the Attendance Office ONE WEEK BEFORE the first date of your absence

To the Teacher:

Your signature below indicates that you have been notified of this planned absence. You are free to make appropriate arrangements and state comments or concerns on the back of this paper.

	Class/Subject	Date Notified Teacher Initials	Please Notify Teacher Phone or email
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____

To the Parent: Your signature of this form indicates that you are aware of your child's forthcoming absence and the potential impact of missing school and that you have communicated with your student's teachers regarding their comments of concerns.

Parent Signature and Date