

**BRITTON-MACON AREA SCHOOL
PRE-ARRANGED ABSENCE FORM**

THIS FORM SHOULD BE COMPLETED AND FILED WITH THE OFFICE AT LEAST TWO DAYS BEFORE THE DATE OF THE REQUESTED ABSENCE. IT IS THE RESPONSIBILITY OF THE STUDENT TO HAVE THE FORM PROPERLY COMPLETED.

STUDENT _____ GRADE _____

PHONE _____ DATE(S) OF ABSENCE _____

REASON FOR THE ABSENCE _____

*** TEACHERS - DO NOT INITIAL IF PARENT'S SIGNATURE IS ON THIS FORM

HOUR	SUBJECT	DAYS ABSENT		TEACHER INITIALS	COMMENTS
		TO	FROM		
1					
2					
3					
4					
5					
6					
7					
8					

PARENTAL SIGNATURE WILL INDICATE APPROVAL FOR THE ABSENCE AND UNDERSTANDING OF THE INFORMATION PROVIDED ON THIS FORM.

DATE _____ PARENT'S SIGNATURE _____

OFFICE INFORMATION

DATE FILED _____ PRINCIPAL'S SIGNATURE _____