

IN ORDER FOR THIS ABSENCE TO BE EXCUSED, THIS FORM MUST BE COMPLETED IN FULL AND TURNED INTO THE OFFICE **BEFORE 8:00 AM** THE DAY OF THE ABSENCE. STUDENTS **MUST** ALSO MAKE ARRANGEMENTS WITH EACH TEACHER FOR ALL ASSIGNMENTS, TESTS, ETC. STUDENTS MAY BE REQUIRED TO TURN IN ALL WORK **BEFORE** LEAVING.

PREARRANGED ABSENCE REQUEST

TODAY'S DATE _____

PORTLAND CHRISTIAN JR/SR HIGH SCHOOL

NAME OF STUDENT _____ GRADE _____

Date of Absence _____

Time to Leave: _____ Time to Return: _____

Reason: _____

Parent Signature