

PORTLAND CHRISTIAN ELEMENTARY SCHOOL
PREARRANGED ABSENCE REQUEST

Name of Student _____ Today's Date _____ Room Number _____

Date or dates of absence _____ Time to be in office to leave _____

If child is returning same day, expected time of return: _____

Reason _____

Homework will be given to the student upon return from an appointment/vacation, etc. The student will have one day for each day absent to complete work missed by a prearranged absence. A grade reduction will be enforced upon failure to do so. Parents may be asked to check/correct homework before turning it in.

In order for this absence to be prearranged, this form must be completed in full and turned into the office before the absence.

Parent Signature

_____ Office Initial
_____ Teacher Initial

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