

Shelbyville High School

2003 S. Miller Street
Shelbyville, IN 46176
317-398-9731

Office of
Kathleen Miltz, Principal
Jared Evans, Assistant Principal
Sarah Wheeler, Assistant Principal

PARENT REQUEST FOR PRE-ARRANGED ABSENCE

NAME OF STUDENT

DATE OF ABSENCE

REASON FOR ABSENCE

AGREEMENT FOR PRE-ARRANGED ABSENCE

Whenever it becomes necessary for parent/guardian to take a student out of school during school hours for pre-arranged absences (except for doctor, dentist, or emergencies) the following must occur:

- Completion of this form by parent/guardian to make the school aware of when/why you are requesting a pre-arranged absence.
- All signatures should be completed three school days before the absence.
- Before the date of the absence(s), it is the student’s responsibility to notify his or her teacher of the upcoming absence(s). Teacher will initial to acknowledge the upcoming absences(s). All class work, projects, tests, etc. are due upon the student’s return unless prior arrangements have been made.
- Student assumes full responsibility for any lack of progress that could be associated with the absence(s).
- After the form has been completed, it must be returned to the front office before leaving.

I/we accept full responsibility as described in the above school policy.

Parent/Guardian Signature

Student signature

Administrator/Counselor Signature

Date

Teacher(s) Initial

P1 _____ P2 _____ P3 _____ P4 _____ P5 _____ P6 _____ P7 _____