



# EAST TROY

COMMUNITY SCHOOL DISTRICT

*Committed to the Growth & Success of Each Student, Each Year*

## PREARRANGED ABSENCE REQUEST ELEMENTARY

The necessary permission and signature(s) are to be obtained and turned your child's school office at least one (1) day prior to proposed absence.

Student's Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Date(s) of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Absence (optional): \_\_\_\_\_

Homework in Advance Requested

Parent's Comments: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's Comments: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Comments: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_