



EAST TROY

COMMUNITY SCHOOL DISTRICT

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

PREARRANGED ABSENCE REQUEST MIDDLE SCHOOL

The necessary permission and signature(s) are to be obtained and turned into 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- Students will receive an assignment form to take around to their teachers to get homework.

Parent's Comments: _____

Parent's Signature: _____ Date: _____

Principal Comments: _____

Principal's Signature: _____ Date: _____