

ST. JOHN FISHER SCHOOL

PRE-ARRANGED ABSENCE REQUEST

Note: This completed form must be signed by all teachers and submitted to the main office 5 days prior to the requested absence.

Parent signature and date are required in the section indicated below.

STUDENT'S NAME: _____ GRADE: _____

TIME PERIOD OF ABSENCE: _____ TO: _____ = _____
Day/Date Day/Date #School Days
Missed

REASON FOR REQUESTED ABSENCE:

_____ Vacation _____ Family Occasion _____ Medical _____ High School Visit (Gr. 8 Only)
 _____ Other: _____

ADDITIONAL COMMENTS OR EXPLANATION:

➔ PARENT SIGNATURE: _____ DATE: _____ ←

Teachers: This is a request that the above student be absent from school during the period indicated above. Please check your records, the status of the student and, if applicable, add your comments about how you foresee this absence affecting his/her work or grade in your class.

GRADES K-5

Teacher's Signature: _____ Date: _____

Comments: _____

GRADES 6-8

Classroom Teacher's Signature:

Specialist Teacher's Signature:

 Grade 6 (Ms Lawrence) Date

 Mrs. Grbavac Date

 Mrs. Gray Date

 Grade 7 (Mr. Olekas) Date

 Mr. Kolbet Date

 Ms. Bjore Date

 Grade 8 (Mr. Schulte) Date

 Ms Niswanger Date

 Mrs. Day Date

 Electives Teacher Date

Comments: _____

(Office Use Only) _____