

FOR OFFICE USE

() Approved

() Denied

SAINT KATHARINE DREXEL SCHOOL

503 South Spring Street

Beaver Dam, Wisconsin 53916

Phone: 920-885-5558 Fax: 920-885-7610 Website: www.skds.org



PRE ARRANGED ABSENCE REQUEST GRADES 6 - 8 (FOR PARTIAL OR FULL DAY ABSENCE)

Student Name _____ Grade _____ Phone# _____ Today's Date _____

1. Date(s) & Time(s) of pre-arranged absence request: _____

2. Reason for request: _____

3. Parent/Guardian Signature: _____

4. Preliminary approval (Teacher initials)

INSTRUCTIONS:

- Fill out your entire schedule.
- Get the assignments and signatures of the teachers whose classes you are requesting to miss.
- Turn this form in to the office for final decision.
- When you return to school, get a return to school slip from the office.
- This request must be turned in a minimum of one day prior to the pre arranged absence.**

PERIOD	CLASS/TEACHER	ASSIGNMENTS MADE BY TEACHER	DENIED	TEACHER
1				
2				
3				
4				
5				
6				
7				
8				
9				