

# Swallow School



## Pre-Planned Absence Form

Complete top portion of this form, including parent signature, prior to date of absence.

Please return to front desk for administrative approval.

Once approved, teachers will have the opportunity to give assignments in advance of absence.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Dates Requested to be Absent \_\_\_\_\_ Number of School Days to be Missed \_\_\_\_\_

Description of Absence \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Front Desk Verification \_\_\_\_\_ Date \_\_\_\_\_

Class	Assignment(s)	Teacher Initials

<b>Class</b>	<b>Assignment(s)</b>	<b>Teacher Initials</b>