

REQUEST FOR PREARRANGED ABSENCE MIDDLE AND HIGH SCHOOL

1. Student

Student Name _____	Student ID _____	Grade _____
Parent or Guardian Name (please print name) _____	Middle or High School West Springfield High	

I request a prearranged absence for my child on the following date(s) _____

Please provide details about the reason for this absence:

- Medical
 Religious Observance
 Family Emergency
 College Visit
 Civic Engagement Activity*
 Work-Based Learning Experience
 Other: _____

Excused absences may include, but are not limited to, the following reasons: illness (including mental health and substance use illnesses), injury, funeral, legal obligations, medical procedures, religious observances, military obligation, deployment-related absences, civic engagement activity absences, family emergency, or other reason deemed acceptable by the principal.

If the reason for this prearranged absence is different from the above, please indicate the reason for the absence. Parents must plan to arrange for their child to complete make-up work, tests, or projects. If the student's absence request exceeds five days, a parent conference may be required. The conference will require a review of the student's academic and absence record. Students who are absent 15 or more consecutive school days will be withdrawn from enrollment.

I acknowledge that I have reviewed these requirements.

Parent or Guardian Signature _____ Date _____

Four or more consecutive absent days requires the signature of your Administrator and Dean of Students (John Thorson Room 2031)

2. Administrative Review- Required for absence of 4 or more days

Administrator Signature: _____ Date: _____

Dean of Students Signature (Room 2031): _____ Date: _____

3. Teacher Review

Please indicate your recommendations

Period	Subject	Teacher Name	Initials	Comment
1				
2				
3				
4				
5				
6				
7				
8				