

Mercer Island High School

PREARRANGED ABSENCE FORM

Student Name _____ Grade _____ Student # _____

Reason for Absence _____

Date(s) of Absence(s) _____ Time approved to leave class at: _____ am/pm.

- I will be missing a part of _____ period, AND/OR
- I will be missing all of _____ period(s).

To the student: This form must be initialed by the appropriate teacher(s) and your parent/guardian. RETURN the COMPLETED form to the Attendance Office prior to your departure.

Period	Subject	Teacher's Initials	Comments
1			
2			
3			
4			
5			
6			
7			
BR			

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____