

HENRY M. JACKSON HIGH SCHOOL

**FIELD TRIP PRE-ARRANGED ABSENCE**

**Return signed and completed form to field trip coordinator.**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Student # \_\_\_\_\_

Students and Parents/Guardians must accept full responsibility for regular school attendance. Parents and students are responsible for evaluating the effects of absences on student's grades and progress and on their standing with the attendance policy. It is the student's responsibility to monitor his/her absences.

I (parent/guardian), request that \_\_\_\_\_ be permitted to miss  
Student Name  
classes on \_\_\_\_\_ for the following reason \_\_\_\_\_.  
Date(s)

I (student), \_\_\_\_\_ understand that I will have one (1) day,  
Student Name  
for each day missed, to complete the coursework missed, unless otherwise arranged with the instructor. It is the instructor's right and responsibility to set a due date for missed work.

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

**If field trip is not curriculum related, and student is failing any class, teacher(s) may refuse to sign and not allow student to attend the trip.**

**SUBJECT(S):**

**TEACHER SIGNATURE(S):**

0. \_\_\_\_\_

\_\_\_\_\_

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_