

HENRY M. JACKSON HIGH SCHOOL

FAMILY/PERSONAL PRE-ARRANGED ABSENCE

Return signed and completed form to Attendance Office.

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

SUBJECT(S):

TEACHER SIGNATURE(S):

0. _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____
