

WRAY SCHOOL DISTRICT
PRE-ARRANGED ABSENCE ACADEMIC PLAN

Complete Steps 1 – 3 and return to the office before the day of your absence; otherwise, your absence will not be considered pre-arranged and you will be asked to bring in extra documentation.

1. Student Information

- a. Student Name: _____
- b. Phone: _____
- c. Date(s) of proposed absence: _____
- d. Reason for absence: _____
- e. Parent/Guardian Signature: _____

I understand that I am responsible for acquiring signatures from all teachers. I understand that I MUST complete and RETURN all assignments within two days of my absence.

CONSEQUENCE IF CONTRACT IS NOT HONORED: _____

STUDENT SIGNATURE: _____ DATE: _____

2. Obtain all teachers' signatures

PERIOD	TEACHER	ASSIGNMENT	COMMENTS
1			
2			
3			
4			
5			
6			
7			

3. Return to the office **before** the day of your absence; otherwise, your absence will not be considered pre-arranged and you will be asked to bring in extra documentation.

FOR OFFICE USE ONLY

DATE RECEIVED: _____

NUMBER OF ABSENCES THIS SEMESTER: _____

ADMINISTRATOR'S SIGNATURE: _____