

WRAY HIGH SCHOOL  
PRE-ARRANGED ABSENCE ACADEMIC PLAN

1. Complete Steps 1 – 3.
  - a. Student Name \_\_\_\_\_ Phone: \_\_\_\_\_
  - b. Date(s) of proposed absence: \_\_\_\_\_
  - c. Reason for absence: \_\_\_\_\_
  - d. Parent/Guardian Signature: \_\_\_\_\_

**I understand that I am responsible for acquiring all assignments from all teachers. I understand that I MUST complete and return all assignments on the due date assigned by the teachers.**

**CONSEQUENCE IF CONTRACT IS NOT HONORED:**

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**STUDENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_**

2. Obtain all teachers' signatures

PERIOD	TEACHER	ASSIGNMENT	COMMENTS	DUE DATE	MEETING	INITIAL
1						
2						
3						
4						
5						
6						
7						

3. Give the form to your front office for review by an administrator.

**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_  
 NUMBER OF ABSENCES THIS SEMESTER: \_\_\_\_\_  
 ADMINISTRATOR'S SIGNATURE: \_\_\_\_\_