



LINWOOD ELEMENTARY PRE-ARRANGED ABSENCE REPORT

Student Name: _____

Teacher Name: _____ Grade: _____

We, the parents/guardians of the student named above, are requesting that he/she be excused from school for the following reason:

Date(s) Student will be absent:

Signature of parent/guardian

Date

This form should be completed and turned in to the office prior to absence. **Failure to turn in this request prior to absence will result in the student named above to be considered UNEXCUSED.**

To the Student: You are totally responsible to make up all work missed during this absence. You should return in required work upon returning to school.

Signature of student

Signature of teacher

Date

Teacher Comments:

TEACHER: PLEASE RETURN COMPLETED FORM TO THE OFFICE. Thank you!

Inspire the learner; ignite the potential!

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