

SCANDIA ELEMENTARY

PRE-ARRANGED ABSENCE FORM

**To the Parent/Guardian:** Please complete the following information and return it to the school health office **prior to absence.**

***FAILURE TO TURN IN THIS REQUEST WILL RESULT IN THE STUDENT TO BE CONSIDERED UNEXCUSED.***

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) student will be absent: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the Scandia Elementary Health Office.

<p><b><i>For Office Use Only:</i></b></p> <p>Date: _____</p> <p>_____ Entered in Synergy</p> <p>_____ Filed w/attendance</p>
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