

# ICS PRE-ARRANGED EXCUSED ABSENCE FORM

Name	Student #	Date(s) of Absence	Periods
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**CHECK ONE:**

1. ( ) Field Trip to \_\_\_\_\_ for \_\_\_\_\_  

**destination**

**class**
2. ( ) Vacation, college visit, bereavement. Circle one, or if other, please explain:  


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**TEACHERS: check one acknowledging effect of excused absence**

	Capable of Maintaining Grade	WILL Impact Current Grade	Teacher's Signature / Initials and comments
Per 0			
Per 1			
Per 2			
Per 3			
Per 4			
Per 5			
Per 6			

*Students are required to make up all work.*

Parents and students are responsible for evaluating the effect of the absence on the student's grade and progress and his/her standing with the attendance policy. Students will receive zero credit for missed work or exams if the absence is not approved via the prearranged absence process.

**To the PARENT OR GUARDIAN: Your signature indicates that you are aware of this planned absence, that you have read the above comments and have considered the effect on your student's grades.**

\_\_\_\_\_  
Parent or Guardian Signature

**This form must be completed and returned to the Attendance Office ONE WEEK BEFORE you are absent.**

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**For Office Use: Authorized by: \_\_\_\_\_**

