



TRINITY CHRISTIAN SCHOOL

Pre-Arranged Absence Form

Today's Date _____

Request should be initiated one week prior to anticipated absence.

Student _____

Grade _____

(Please print)

Day of Week
(for requested absence)

Date

Reason:

_____ Sickness (Verification from a doctor may be needed.)

_____ Serious illness or death in the immediate family

_____ Religious/church-sponsored event

_____ Medical appointment (Every effort should be made to schedule appointments during hours when school is not in session. Please include note from medical office with this form.)

_____ College visitation day(s) for juniors and seniors (A note is required from the college's admissions office verifying official campus visit; maximum 3 per year to be taken by May 1.)

_____ Other (please provide reason) _____

Student's Signature

Parent's Signature

Administrator's Signature

Date

- When the front of this form is completed, the student should return it to the office. A copy will be maintained in the office and the original will be returned to the student.
- As a courtesy to the student, the reverse of this form has space to record homework assignments and make-up test dates and obtain a teacher signature for each class.
- Please review the Parent-Student Handbook section on absences.

Make-Up Plan

Subject: _____ Assignments: _____

Teacher's Signature _____ Date _____

Subject: _____ Assignments: _____

Teacher's Signature _____ Date _____

Subject: _____ Assignments: _____

Teacher's Signature _____ Date _____

Subject: _____ Assignments: _____

Teacher's Signature _____ Date _____

Subject: _____ Assignments: _____

Teacher's Signature _____ Date _____

Subject: _____ Assignments: _____

Teacher's Signature _____ Date _____

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Teacher's Signature _____ Date _____

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Teacher's Signature _____ Date _____