



# REQUEST FOR PRE-APPROVED PLANNED ABSENCE



If it is necessary for a student to be absent from school for an extended consecutive and/or non-consecutive period of time (i.e., 2 or more days, other than for the reason of being physically or emotionally unable to attend school, such as a vacation or other special circumstances), this *Request For Pre-Approved Planned Absence* form must be completed in full and submitted to St. Cat's Administration PRIOR to the absence. Arrangements must be made with ALL teachers for completion of school work. The number of days excused for a pre-approved planned absence **MAY NOT EXCEED TEN (10) DAYS** during a school year for any individual student.

Please complete and return this form to the Main Office prior to the date(s) of absence.

**Student's Name:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Counselor's Name:** \_\_\_\_\_

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

**Reason for absence:** \_\_\_\_\_

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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\_\_\_\_\_ Absence for dates described above have been **APPROVED**.

\_\_\_\_\_ Absence for dates described above will be counted as **UNEXCUSED** for the following reason(s):

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

**Administrator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*CC: Parent/Guardian, Student File*



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Teacher Name	Current Grade%	Teacher Signature	Assignments
<u>1st Block:</u>			
<u>2nd Block:</u>			
<u>3rd Block:</u>			
<u>4th Block:</u>			

**Student Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Administrator's Signature:** \_\_\_\_\_