

EL DORADO ADVENTIST SCHOOL

Pre-Arranged Absence Form



This form is to be used for absences other than: medical emergencies, student illness, student medical appointments, quarantine by the health department which are excused absences according to California state standards.

*Please fill out and return this form **AT LEAST** one week before the expected date of absence.*

Student's Name: _____ 1st Day Absent: _____ Return Date: _____

Reason for Absence: _____

Faculty Notification:

Period	Teacher Comments and Recommendations	Teacher Signature
1 M/W		
1 T/Th		
3		
4		
5		
7 M/W		
7 T/Th		
8		
9		

Parent Acknowledgement. I understand:

1. Approval **DOES NOT** mean that student's absence(s) will be excused.
2. Student's GRADE may reflect the missing class time, which cannot be made up.
3. For high school students acquiring more than 14 absences for any reason in a semester requires the student and parent or guardian to meet with the Academic Committee and may result in loss of credit for the class for the semester.

Parent/Legal Guardian Signature: _____ Date: _____

Academic Committee Response:

Approved _____ Denied _____ Date _____

Comments: