

## REQUEST FOR PRE-ARRANGED ABSENCE

Every student reaching the peak of success is the primary goal at **Buena Vista High School**. Although learning occurs in a variety of settings, time spent directly with the teacher and collaboratively with peers is essential to student learning.

### Pre-Arranged Absence Procedure

1. Parent and student should refer to Student Handbook for policy.
2. Pre-arranged absence form is completed by parent/guardian and submitted to the school office at least 3 school days prior to scheduled absence.
3. Principal will review completed form and notify parent.
4. Student is responsible for communicating and making arrangements with teachers for missed work

To Be Completed by  
**Parent/Guardian**

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

Date(s) of Absence: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

The reason for my student's absences will be:

- Family Trip accompanied by at least one parent/guardian
- Religious retreats, church sponsored trip, seminar or convention
- Court appearance supported by documentation from court system
- Medical supported by documentation from a doctor's office, hospital, clinic, etc.
- Co-curricular (non-school sponsored) activity *(If this is checked, must have approval and signature from Athletic/Activities Director)* \_\_\_\_\_
- Other: (please explain) \_\_\_\_\_

*I understand that absences will be coded in accordance with BVSD Administrative Policy set forth in the student handbook.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

To Be Completed by  
**BVHS Teacher**

Instructional Block	Course Name-Current Skill Level/Grade	Comments	Teacher Signature
A1			
A2			
A3			
A4			
B1			
B2			
B3			
B4			

Teacher Recommendation:

\_\_\_\_\_ This absence will not adversely affect the student's education.

\_\_\_\_\_ This absence will adversely affect the student's education.

To Be Completed by  
**BVHS OFFICE**

Current Number of Absences: Excused \_\_\_\_\_ Unexcused \_\_\_\_\_ Tardies: \_\_\_\_\_

Final Approval: Yes \_\_\_\_\_ No \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_