

TONOPAH ELEMENTARY/MIDDLE SCHOOL

Mrs. Holly Lepisto, Principal
P.O. Box 1749
1220 Idaho Circle
Tonopah, Nevada 89049-1749



Telephone (775) 482-6644

Fax (775) 482-5717

PRE-ARRANGED ABSENCE REQUEST FORM

(10 Pre-Arranged Absences Allowed Per Year)

TWO DAYS PRIOR NOTICE IS REQUIRED FOR APPROVAL OF PREARRANGED ABSENCE(S)

Note: It is necessary to provide all requested information. Parent(s) and student must sign and return this form to the school principal **two (2) days prior to the date(s) of the student's absence(s)**.

Student(s) Name _____

Date(s) of Requested Absence _____

Reason for Absence _____

The signature of the above named student and his/her parent(s) reflect our understanding that this requested absence may fall outside the allowable minimum number of attendance days and could result in academic consequences for the student named above.

It is important to the overall success of the above named student, and in order to receive full credit, that a **completion plan for makeup work** (attached) will be arranged **before** the absence begins. Makeup work turned in after the assigned completion date will be lowered one full grade (10%). Student will be allowed the number of days absent, plus one day, to make up work.

Parent(s) signature: _____ Date: _____

Student's signature: _____ Date: _____

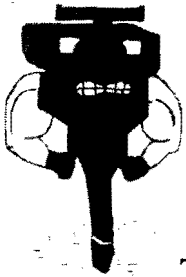
Principal/Designee's approval: _____ Date: _____

Office use only:

Date student picked up signed approval _____

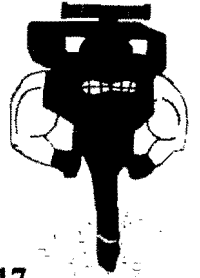
Date parent notified of administrative approval _____ (notify parent of due date for work)

Date makeup work is to be submitted to teacher _____ (number of days absent plus one day)



TONOPAH ELEMENTARY/MIDDLE SCHOOL

Mrs. Holly Lepisto, Principal
P.O. Box 1749
1220 Idaho Circle
Tonopah, Nevada 89049-1749



Telephone (775) 482-6644

Fax (775) 482-5717

COMPLETION PLAN FOR MAKEUP WORK

Date _____

Student Name _____ Grade _____

Items of Completion Plan

(Items may include expected work to be completed while away, dates when all makeup work should be submitted, etc.)

We agree to the conditions of this Completion Plan

Student's Signature: _____

1st Period Teacher's Signature: _____

2nd Period Teacher's Signature: _____

3rd Period Teacher's Signature: _____

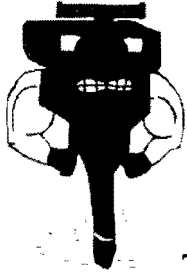
4th Period Teacher's Signature: _____

5th Period Teacher's Signature: _____

6th Period Teacher's Signature: _____

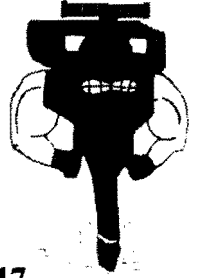
School Counselor's Signature: _____

School Principal/Designee Signature: _____



TONOPAH ELEMENTARY/MIDDLE SCHOOL

Mrs. Holly Lepisto, Principal
P.O. Box 1749
1220 Idaho Circle
Tonopah, Nevada 89049-1749



Telephone (775) 482-6644

Fax (775) 482-5717

PREARRANGED APPROVED/NOT APPROVED

Date: _____

Name of Student: _____

Grade Level: _____

Your prearranged absence request is:

_____ **Approved**

_____ **Not Approved** for the following reason(s):

- _____ Poor Attendance
- _____ Poor Grades
- _____ Not requested two days prior to expected absence
- _____ Missing Parent/Guardian Signature
- _____ Already has Ten Pre-Arranged Absences this School Year

Principal/Principal Designee's Signature: _____ Date: _____