

Central Community Unit School District #3

Pre-Arranged Absence Form (2 or more consecutive days) **Date submitted:**

Student Information:

Student Name(s): _____

Grade(s) or Class(es): _____

Teacher(s): _____

Type of Absence:

Illness or health reasons Vacation Bereavement Other (comment below)

A Pre-Arranged Absence Form must be completed *at least* one week in advance, with the exception of Bereavement.

Will be absent From: _____ To: _____

Additional comments and/ or study plan while absent:

Parent/Guardian Contact Information:

Phone: _____ Mobile: _____

E-mail address: _____

X

Parent/Guardian signature

Date

Building Administrator Recommendation:

Approved, no reservations Not recommended due to grades Not recommended due to attendance

X

Principal signature

Date