

PRE-ARRANGED ABSENCE FORM
DANVILLE HIGH SCHOOL DISTRICT #118 POLICY MANUAL ARTICLE V

Pupils Name _____ Grade _____ Date _____

Date(s) and time requesting pupil to be absent _____

Educational value of requested absence _____

I, the undersigning parent request permission for my child _____ to be absent from classes at Danville High School for the date(s) listed above. I feel this activity is of equal or greater importance and/or value than attendance in his/her regular classroom program. I understand that the responsibility for making up standard course requirements falls directly on the student and all necessary arrangements must be made in advance.

Parent Signature _____

Address _____

Phone Number _____

Teachers Signature:

EB _____	5 th _____
1 st _____	6 th _____
2 nd _____	7 th _____
3 rd _____	8 th _____
4 th _____	

To be completed by School Administrator:

Number of days (Absences) _____

Student's GPA _____

Discipline Behavior report _____

_____ Approved

_____ Disapproved

Principal's Signature _____

Notified Parents on _____

STUDENT MUST RETURN THIS FORM TO ROOM 239 PRIOR TO THE ABSENCE