



St. Thomas More School Pre-Arranged Absence Request

*Note: This completed form must be submitted to the office **5 days prior** to the requested absence. **Parent signature and date are required** in the section indicated below.*

STUDENT'S NAME: _____ **GRADE:** _____

TIME PERIOD OF ABSENCE: _____ **TO:** _____ = _____
Date Date # School Days Missed

REASON FOR REQUESTED ABSENCE:
 _____ Vacation _____ Medical _____ *High School Visit (Gr. 8 Only)
 *High school name required in comment section.

ADDITIONAL COMMENTS OR EXPLANATION:

PARENT SIGNATURE: _____ **DATE:** _____

Teachers: This is a request that the above student be absent from school during the period indicated above. Please check your records, the status of the student and, if applicable, add your comments about how you foresee this absence affecting his/her work or grade in your class.

GRADES K-4

Teacher's Signature: _____ **DATE:** _____

Comments: _____

Students: This must be signed by all the teachers below if you will miss any of their classes and returned to the office.

GRADES 5-8

Homeroom Teacher's Signature:	Specialist Teacher's Signature:	
_____	_____	Science _____ Date
Grade 5 _____ Date	Art _____ Date	Spanish _____ Date
Grade 6 _____ Date	Health/P.E. _____ Date	Math _____ Date
Grade 7 _____ Date	Religion _____ Date	Computers _____ Date
Grade 8 _____ Date	L.A./S.S. _____ Date	Music _____ Date

Comments: _____

(Official Use Only) _____
Signature of Principal *Date*

Please note that all absences for any reason other than illness is recorded as an unexcused absence, regardless of whether or not it was pre-arranged.