



# 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-5

**Teacher's Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

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

## GRADES 6-8

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

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

**(Official Use Only)** \_\_\_\_\_  
*Signature of Principal* *Date*