



CLASSICAL PREPARATORY SCHOOL

Pre –arranged Absence 2019-20

Student Name _____ Grade _____
Homeroom Teacher _____

The above named student requests permission to be absent from school on the following day(s) for an educationally relevant purpose stated below:

Parent/Guardian _____ Date _____

1. Complete the top portion and give to Dean at least **7 days prior** to the anticipated absence.
2. Secure teachers' signature(s), after approved by Dean.
3. Upper School Students need signatures of all their teachers.
4. Return form to office (forms not returned to office will result in an unapproved absence).
5. It is the student's responsibility to obtain and return any school work missed while absent. All work needs to be turned in the day student returns to school.

Please refer to the Student Code of Conduct, page 9.

Approved Unapproved

Dean _____

Teacher(s) _____	_____
_____	_____
_____	_____
_____	_____

Comments: _____

