

ACADEMY SCHOOL DISTRICT 20 – LIBERTY HIGH SCHOOL

PRE-ARRANGED ABSENCE FORM

(Use for Absences of Two or More Consecutive Days)

Student Name: _____ Grade: _____

Date of Student's Absence: From ____ / ____ / ____ To ____ / ____ / ____ Total number of school days student will miss: _____

Reason for Absence: _____

Return Completed Form to Student Services by (at least 2 school days before absence): ____ / ____ / ____

Students are required to take this form to their teachers for completion of each of the following blocks.

Block	Class	Current Grade	Is Absence Recommended?	Teacher Signature	Comments, Assignments, Due Dates
B1			<input type="checkbox"/> Yes <input type="checkbox"/> No		
B2			<input type="checkbox"/> Yes <input type="checkbox"/> No		
B3 or 3A			<input type="checkbox"/> Yes <input type="checkbox"/> No		
B4			<input type="checkbox"/> Yes <input type="checkbox"/> No		
R1			<input type="checkbox"/> Yes <input type="checkbox"/> No		
R2			<input type="checkbox"/> Yes <input type="checkbox"/> No		
R3 or 3B			<input type="checkbox"/> Yes <input type="checkbox"/> No		
R4			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Note: Teachers will determine the final deadline for any missed work, and will also determine whether to accept the assignment for credit.

Only a Liberty High School Administrator has the authority to determine whether this absence will be excused or not.

As the parent/guardian of _____, I am aware of the possible impact that may be created by this absence.

Parent/Guardian Signature

Date

Administrator Signature

Date