



# JAMES S. RICKARDS HIGH SCHOOL

## PRE-EXCUSED ABSENCE REQUEST



**This form must be returned to the Student Affairs Office one week prior to the expected absence.**

Student Name: \_\_\_\_\_ Student Number \_\_\_\_\_ Grade: \_\_\_\_\_

Date(s) requested for absence: \_\_\_\_\_

Specific reason for absence: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

Every teacher must sign this document signifying knowledge of the expected absence and the need to provide assignments during the absence or upon the student's return to school.

PERIOD	TEACHER SIGNATURE	ASSIGNMENT	DATE
1			
2			
3			
4			
5			
6			
7			

Date Received in Student Affairs Office: \_\_\_\_\_

Received by: \_\_\_\_\_

### ADMINISTRATOR'S REVIEW

Request Approved

Request Denied

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Administrator's Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*The pre-excused absence request is invalid without an administrator's signature.