

**LIBERTY HIGH SCHOOL
ISSAQUAH SCHOOL DISTRICT #411
PARENT INITIATED PRE-ARRANGED ABSENCE REQUEST**

To be completed by the office:

Student #: _____ Reviewed by: _____ Approval Date: _____

Pre-Arranged Absences

Pre-arranged absences are absences which are evaluated in advance. To obtain a pre-arranged absence, the student must:

1. Get a pre-arranged absence form from the attendance office.
2. Circulate the form among his/her teachers who will sign it and indicate to what extent the student's grade will be affected by the proposed absence.
3. Have the parent/guardian sign the form.
4. Return it to the attendance office at least 1 week prior to the absence.
5. The attendance office will notify the parents/student if the absence will be excused according to the District criteria.
6. Parents and students are responsible for evaluating the effect of the absence(s) on the students' grade, progress, and his/her standing with the attendance/loss of credit policy.

Section 1 – To be completed by Student and Parent/Guardian:

Student Name: _____	Grade: _____	Today's Date: _____
Date(s) of Absence(s): _____	Periods: 1 2 3 4 5 6 7 8	
Reason for Absence(s): _____		

_____ Signature of Parent/Guardian	_____ Date	_____ Day Time Phone Number

Section 2 – To be completed by Teachers – BEFORE PARENT/GUARDIAN SIGNATURE IN SECTION 3:

TEACHERS: Initial Appropriate Spaces	1	2	3	4	5	6	7	8
Students must make up work.								
Absence could adversely affect academic progress.								
This student absolutely should not miss class.								
Student need not make up work.								
Number of days absent this semester.								
Number of tardies this semester.								

Section 3 – To be signed by Parent/Guardian after section 2 has been completed:

<p>I have read the above, and I am aware of the teachers' comments regarding the effect of this absence on my student's academic progress. It is my student's responsibility to make up all assigned work according to his/her teachers' classroom guidelines. I am aware that this absence may contribute to a loss of credit under the Issaquah School District Policy #3122.</p>	
_____ Signature of Parent/Guardian	_____ Date
_____ Printed Name of Parent/Guardian	

THIS FORM MUST BE RETURNED TO THE ATTENDANCE OFFICE AT LEAST 1 WEEK PRIOR TO THE ABSENCE!