PLYMOUTH COMMUNITY SCHOOL CORPORATION

PRE-ARRANGED ABSENCE REQUEST FORM

Directions: Please follow each stop in this order:

1.	All requested information must be completely filled out.		
2.	Secure the signature of a parent or legal guardian.		
3.	3. Obtain the approval and signature of,		
	assistant principal.		
4.	Obtain the signature of every teacher whose class you will miss.		
5.	Return this form BEFORE THE ABSENCE, to		
6.	If not returned to the atter	ndance office prior to the absence, it will be	
	UNEXCUSED.		
Name (first	and last):		
Reason for A	Absence:		
Date of Abs	ence:	Total School Days Missed:	
PERIOD 1.	SUBJECT	TEACHER SIGNATURE & COMMENT	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Note: All we	ork must be completed prior	to leaving or the first day back.	
	NS: A student cannot make ould fall during a pre-arrang	up an end-of-semester exam or six (6) week ged absence period.	
Parent Signa	ature	Assistant Principal	
archi Signature		1	