



PRE-EXCUSED ABSENCE FORM

Student Name: _____

Unless there is an emergency, this form is to be signed, filled in by a parent/guardian, teachers, and administrator at least 5 days prior to the proposed absence(s) for anything non SSCV athletic or an illness or surgery related event.

STUDENT DIRECTIONS FOR USE OF THIS FORM

1. Have your parent/guardian fill out and sign their understanding of the reason for missing school.
2. Sign form.
3. Take to each of your teachers for signatures.
4. Take to Head of School for signature.

Proposed date(s) of absence(s): _____

Reason for absence: _____

I/We, the lawful parent/guardian of this student, understand that any absence(s) from classes may affect my student's grade, as the teaching/experiences missed may not be replicated. I/We also understand that the student will be allowed one day to make up assignments for each day missed and that it is the student's responsibility to request makeup work prior to the absence(s) and complete it within the stipulated limits.

Parent/Guardian Signature Date Student Signature Date

Approved / Not Approved

Head of School Signature Date

| Period | Subject | Current Grade | Recommended Yes/No | Teacher Signature | Comments |
|------------|---------|---------------|--------------------|-------------------|----------|
| Advisory/1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |