



LAKE CENTRAL HIGH SCHOOL

PREARRANGED ABSENCE FORM

Name _____ School ID# _____

Date(s) of Absence: _____ Sign Out Time: _____

Reason for Absence:

- | | | |
|---|--|--|
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Vacation/Family Trip | <input type="checkbox"/> Participation in non-school related activity or sport |
| <input type="checkbox"/> Medical Appointment | <input type="checkbox"/> Court | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dental/Ortho Appointment | <input type="checkbox"/> College Visit (Max. 2/year) | |

Parent's Daytime Telephone Number: _____

Parent's Signature: _____

It is the student's responsibility to have this form completed and returned to the Main Office five school days prior to the absence. Incomplete forms will not be approved. Teacher MUST complete make-up exam date.

PERIOD	ASSIGNMENT (Students should log into Canvas to get assignments)	Date of Make-Up Exam	TEACHER INITIALS (This indicates teacher awareness of absence and assignment has been given.)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Administrator Signature: _____

Circle One: **EXCUSED** **UNEXCUSED**

Comments: _____

PROCESSED ON: _____

DISTRIBUTION

- Family
- Student File
- Attendance Office
- AP/Dean