



FCA Pre-Approved Absence Form 2018-2019 School Year

PLEASE PRINT WITH BLUE OR BLACK INK

The top portion of this form must be completed and submitted to the **school office, by the parent**, a minimum of **fifteen school days** before the requested absence. You may complete this form as soon as possible for emergency situations. Please complete **one form per student** if you have multiple students that will be absent.

STUDENT/TEACHER INFORMATION

Student: _____ Date: _____

Teacher: _____ Grade: _____

Requested Date(s) of Absence: _____

Reason for Absence: _____

Parent Signature: _____

ADMINISTRATOR/TEACHER USE ONLY

Approved Unapproved

- Number of student absences year to date: _____
- Is the student failing one or more classes? _____

SUBJECT	ASSIGNMENT	DUE DATE

Administrator Signature: _____

Printed Name

Signature

Date

Please note that assignments not submitted by the due date will not be accepted and the student will receive a zero. Pre-scheduled tests missed during the absence will be taken the day of return.

