

FLUSHING JUNIOR HIGH SCHOOL

PRE-ARRANGED ABSENCE FORM

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

DATE(S) OF ANTICIPATED ABSENCE \_\_\_\_\_

REASON FOR REQUEST \_\_\_\_\_

HOUR	CLASS	TEACHER	GRADE	ASSIGNMENTS	TEACHER SIGNATURE

After the above portion is completed by the teachers, please return this form to the main office.

Students should record their homework in their planner before leaving school.

SIGNATURE OF PARENT \_\_\_\_\_

**NOTE:** Parents and students are reminded that all absences will count toward the twelve (12) days of absence allowed per semester.