

Rainier High School
Pre-Arranged Absence

Name: _____

Date of request: _____ Date (s) of absence: _____

Reason for absence:



Period	Class	Grade	Approved	Assignments
Advisory				
1				
2				
3				
4				
5				
6				

This absence shall be excused for the purpose agreed upon by the parent/guardian, teacher and/or attendance counselor. An absence may not be approved if it causes a serious adverse effect on the student's educational process.

Parent Signature: _____

Attendance Secretary: _____