



# Prestonwood Christian Academy Lower School

## Pre-Approved Absence Request Form

**Please complete this form and return it at least two weeks in advance of absence.**

Name of Student \_\_\_\_\_ Grade Level \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

Date(s) of Requested Absence \_\_\_\_\_

Reason for Absence \_\_\_\_\_

\_\_\_\_\_

I have discussed this absence with the teacher and will make arrangements to make up work and/or tests missed during this absence.

Parent/Guardian Signature \_\_\_\_\_

Homeroom Teacher Signature \_\_\_\_\_

Administrator Signature \_\_\_\_\_

**Upon completion of all required signatures, please return this form to the homeroom teacher. Teachers will include this form with the applicable weekly attendance sheet.**