PRE ARRANGED ABSENCE FORM KAUKAUNA HIGH SCHOOL

STUDENT NAME:			GRADE:DATE:	
DATE(S	S) OF ABSENCE	:		
TIME LEAVING:		TIME RETURNING:		
		DAILY SCHEDULE		
Period	Class	Teacher Signature	Teacher Comments	
1				
2				
3				
4				
5				
a parent TO THI effect on	signature and the E PARENTS: I u the student's gra	n return the form to the at nderstand that requesting	nces above, take the form home for tendance office. the absence above may have an sible for all work missed during	
PAREN	T SIGNATURE:		DATE:	