

PRE-ARRANGED ABSENCE
RIVER VIEW MIDDLE SCHOOL

Student Name: _____ Date: _____

Date(s) of Absence: _____

Reason for Absence: _____

Please have your teachers sign and add comments as needed.

<i>Class</i>	<i>Teacher's Signature</i>	<i>Teacher's Comments/Assignments</i>
ELA		
SCIENCE / SOCIAL STUDIES		
MATH		
Encore A — DAY 1		
Encore B — DAY 1		
Encore A — DAY 2		
Encore B — DAY 2		
PIE TIME		

The student is responsible for all work missed during the absence. Work not turned in within a reasonable time may have an effect on the student's grade.

Please return the completed form to the kiosk/office before your absence.

The office will make a copy for knowing assigned work if you need one.

Parent Signature: _____ Date: _____