STUDENT PRE-ARRANGED ABSENCE FORM
for three (3) or more consecutive days at
LYONS MIDDLE SENIOR HIGH SCHOOL

Student Name: _____ **Grade:** _____

My child will be absent from school on the following dates: _____

I am requesting this because: _____

I have checked my child's year-to-date attendance on Infinite Campus and I am aware of the 10 day Absences/Attendance Policy (policies JH & JH-R) for Saint Vrain Valley School District. Completing this form will allow them to make up work missed while gone. _____ (parent/guardian initials)

My child has made arrangements with his/her teachers regarding assignments and each teacher has signed off for their respective class.

Period	Class/Sport	Teacher
1		
2		
3		
4		
5		
6		
7		
8 (HS Only)		
9 (after school/coach)		

Parent/Guardian Signature: _____ **Date:** _____

Principal/Admin Signature: _____ **Date:** _____
(approved only after all teachers and a parent/guardian have signed)

"Please return this form to the attendance clerk in the front office BEFORE you leave on your pre-arranged absence."