

**PRE-ARRANGED ABSENCE FORM
WILSONVILLE HIGH SCHOOL**

To the Student:

Obtain signatures from all your teachers on this form, which acknowledges you have arranged for completion of work that will be missed, and you are aware of the effect this absence will have on your progress in class.

**RETURN COMPLETED FORM TO ATTENDANCE OFFICE-
AT LEAST 24 HOURS IN ADVANCE OF ABSENCE**

Student Name

Dates of Absence

Reason for Absence

STUDENTS ARE NOT TO INTERRUPT CLASSES TO OBTAIN SIGNATURES

	Likely to maintain progress in this class	Not likely to maintain progress in this class. Permission to participate not recommended	Comments
Period 1			
Period 2			
Period 3			
Period 4			
Period 5			
Period 6			
Period 7			
Period 8			

To the Parent:

Your signature on this form indicates that you are aware of and approve of this anticipated absence.

Parent/Guardian Signature

Date

Please return this form to the attendance office before a pre-arranged absence begins.