

HOOVER MIDDLE SCHOOL

Prearranged Absence Form

Student Name: _____ Date: _____

Reason: _____

Will be out on the following dates; from _____ to and including _____

Total Days Off _____ Parent Signature _____ Date _____

EACH TEACHER MUST SIGN THIS FORM FOR IT TO BE CONSIDERED A PREARRANGED ABSENCE. THIS COMPLETED FORM MUST BE PRESENTED TO THE ATTENDANCE OFFICE, WITH A PARENT SIGNATURE, THREE DAYS PRIOR TO THE ABSENCE. PLEASE ALLOW FOR HOMEWORK ASSIGNMENTS.

****IF THE ABSENCES OCCUR DURING THE WEEK OF SEMESTER EXAMS, THE STUDENT MUST MAKE PRIOR ARRANGEMENTS WITH HIS/HER TEACHERS FOR DAYS/TIMES, TO MAKE UP EXAMS.**

Subject	Teacher Signature	If during Exam Week, have make ups been scheduled. Are missing assignments scheduled to be completed.
Math		
L. Arts		
Science		
S. Studies		
Elective		
Elective		
Elective		

ABSENCE COUNTS AGAINST NINE DAYS: Yes – Do Count Against Attendance _____

No – Do Not Count Against Attendance _____

(DAYS THAT DO NOT COUNT AGAINST NINE DAYS: _____ Religious _____ Doctor _____ Court _____)

Assistant Principal

Date