

REQUEST FOR PREARRANGED ABSENCE MIDDLE AND HIGH SCHOOL

| 1. Stude | nt | | | | | | |
|--|---|---|---|---|-------------------------------|--|----------------------------------|
| Student Name | | | | | | Student ID | Grade |
| Parent or Guardian Name (please print name) | | | | | Middle or High School | | |
| I request a | prearranged absence for | my child on th | ne following date(s) | | | | |
| Please pro | ovide details about the | e reason for t | his absence: | | | | |
| Medical Religious Observance Family Emergency Colleg | | | | | e Visit | Civic Engagem (partial school | ent Activity* day) |
| Other | | | | | | | |
| illnesse absence If the re to arrar may be | es, family emergencies, eason for this prearrang age for their child to co required. Students wh | al obligations, or other reasons ded absence is mplete make-no are absent 1 | imited to, the following reast medical procedures, religions deemed acceptable by the different from the above, plup work, tests, or projects. So or more consecutive school. | us observance be principal. ease indicate of the student's ol days will b | the reasons absences withdray | y obligations, deplorations of the absence. Possere excessive, a payon from enrollment | arents must plan rent conference |
| *Civic | engagement activities a | are optional, a | nd not supervised by FCPS. | Such reques | ts are limi | ted to one time per | year. |
| I ackno | wledge that I have revi | ewed these re | quirements. | | | | |
| Parent or Guardian Signature | | | | | Date | | |
| 2. Teach | ner Review | | | | | | |
| Please indicate your recommendations | | | | | | | |
| Period | Subject | | Teacher Name | Initials | | Comment | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 3. Admi | nistration Review | | | | | | |
| Administra | ator Name | | | | | | |
| Administrator Signature | | | | | | Date | |