



Trinity Catholic High School

PRE-ARRANGED ABSENCE FORM

Date of request: _____

GRADE _____

My child, _____ will be absent from school on *(date(s) of absence)* _____

For the following reason:

A request of pre-arranged absences may be granted providing arrangements are made with the approval of the Dean of Students and teachers in advance & according to the STUDENT HANDBOOK:

Students are required to have each of their teachers sign this form. Pre-arranged absences are counted as part of the five-day (5-day) limit for the term (including before/after holidays). Permission for such an absence is left to the discretion of Administration. Students are responsible for completing missed schoolwork. All work is due upon return to school.

** Absences for family trips and personal leave for off-campus visitation must be approved in advance by school administration and are subject to detention and/or Saturday Detention.

** Seniors are permitted excused absences for college visits and must bring a letter from each school indication **the visitation date(s)**.

I understand that absences due to a medical problem or a death in the family will be recorded as excused with the appropriate documentation (such as a doctor's note). I further understand that vacations/pleasure trip are discouraged while school is in session and will be recorded as unexcused. **However, I understand that my child will receive full credit for all assignments turned in within the required time frame.** I will make arrangements for these absences (7) days, or no less than (3) school days prior to my child's first absence.

I agree to make sure my child has met with his/her teachers regarding make-up work and will make certain all missed assignments are completed within the number of days missed plus one (1). I also understand that it is my child's responsibility to check with their teacher upon returning to school to see if any additional work has been assigned and to complete all assignments within the required time frame.

Parent signature _____

Daytime phone number _____

Student Agreement

I agree to make arrangements with my teachers to get missed assignments and to complete & return to my teachers within the number of days missed plus one (1). I understand that I will receive full credit for all assignments turned within the required time frame. If I fail to complete the assignments within the time frame, I will receive no credit for this work.

Student signature : _____

TEACHER SIGNATURES: Optional Comments accepted on back page.

A Block: _____ E Block: _____

B Block: _____ F Block: _____

C Block: _____ G Block: _____

D Block: _____ Sem Block: _____

Dean's Signature: _____ Date: _____

Circle one: Excused Unexcused Reason _____

TEACHER COMMENTS

A BLOCK: _____

B BLOCK: _____

C BLOCK: _____

D BLOCK: _____

E BLOCK: _____

F BLOCK: _____

G BLOCK: _____

SEMINAR: _____