

The Villages® Charter School

Pre-Arranged Absence Form

Date of request: _____

My child, _____ will be absent from school on _____
For the following reason: _____ (date(s) of absence)

According to school board policy, a request for pre-arranged absences may be granted providing arrangements are made with the Principal and teachers in advance.

I understand that absences due to a medical problem or a death in the family will be recorded as excused with appropriate documentation (such as a doctor's note). I further understand that vacations/pleasure trips 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 at least three (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). Even if my student has received assignments from his/her teachers prior to his/her first absence, I understand that it is my child's responsibility to check with his/her teacher upon returning to school to see if any additional work has been assigned and to complete all assigned work within the required time frame.

Parents Please Note :

All unexcused absences for students age 14 and over must be reported to the Department of Highway Safety and Motor Vehicles by law and may affect the issuance or revocation of a Florida driver's license.

Parent Signature

Daytime phone number

Student Agreement

I agree to make arrangements with my teachers to get missed assignments and to complete and 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 in within the required time frame. ***If I fail to complete the assignments within the required time frame, I will receive no credit for this work.***

Student Signature

(for office use only)

Circle one: Excused Unexcused Personal Growth

Reason

Principal's signature

Date

For Elementary School Use Only

Teacher: _____ Teacher Comments: (optional) _____

For Middle School and High School Use Only

1st Period Teacher _____ Teacher Comments _____

2nd Period Teacher _____ Teacher Comments _____

3rd Period Teacher _____ Teacher Comments _____

4th Period Teacher _____ Teacher Comments _____

5th Period Teacher _____ Teacher Comments _____

6th Period Teacher _____ Teacher Comments _____

7th Period Teacher _____ Teacher Comments _____

