

**BADGER MIDDLE SCHOOL
PRE-ARRANGED PERSONAL ABSENCE REQUEST**

Student Name _____

Grade _____ Home Phone _____

Dates of Anticipated Absence _____

Reason For Absence _____

Parent Signature _____ Date _____

STUDENTS MUST HAVE THIS FORM SIGNED BY ALL THEIR TEACHERS, BY A PARENT/GUARDIAN, AND BY AN ADMINISTRATOR FOR ANY PRE-PLANNED ABSENCES OF TWO DAYS OR MORE. RETURN THIS SIGNED FORM TO THE ATTENDANCE OFFICE.

TEACHERS, please check the appropriate column:

Column 1: Class work must be made up **prior** to the student's departure.

Column 2: Class work will be allowed to be made up. Please indicate a time limit in comments section.

Column 3: The classroom experience cannot be repeated i.e. simulations, discussions, field trips, etc.

Column 4: Strongly recommend your child be present. This student cannot afford the lost time.

Class	Teacher's Signature/Comments	1	2	3	4
Language Arts					
Social Studies					
Math					
Science					
Reading					
Phy Ed					
Exploratories:					
1.					
2.					
3.					

Families should carefully evaluate taking students out of school. While a preplanned absence may provide an excellent learning experience, an absence from school may create learning problems for your student. Please consider the above comments before signing this form. **Remember, the responsibility to make up class work rests with the student. Students must inform teachers at least two days prior to the anticipated absence.**

Any questions concerning this form should be directed to the office.

Administrator Signature _____ Approved Not Approved
(Circle One)