

REQUEST FOR PREARRANGED ABSENCE MIDDLE AND HIGH SCHOOL

1. STUDENT					
Student Name	Student ID	Grade			
Parent or Guardian Name (please print name)	nt or Guardian Name (please print name) Middle or High School				
I request a prearranged absence for my child on the following date(s)					
Medical Family Trip/Vacation Religious Observance Family	Emergency				
Other					
Please provide details about the reason for the absence:					
Note to parent and student:					
I understand, based on Fairfax County Public Schools (FCPS) Regulation 2234.7, that absences for 'fa situations, missed school bus, non-school-related activity, or other reason unacceptable to the princip. FCPS encourages family trips during scheduled school vacations and strongly discourages such trips or absences interrupt the continuity of learning.	al or his or her designee", are	unexcused.			
Student absences for chronic or long-term illness may require medical documentation.					
Please contact the school Public Nurse if your student will need support when he or she returns to sch	pol.				
Students with a prearranged absence will be responsibile for requesting assignments, completing hom. If the absence is not approved and the student does not attend school, the the absences will be unexcus provide make-up work or to administer missed tests.					
In the case of an approved prearranged absence during final exams, the administrator will determine if the exam is taken early or deferred.					
IMPORTANT: According to state law, any student absent from school for 15 consecut withdrawn from school. Parents will need to reenroll their students on their own.	ive days regardless of rea	ason will be			
Parent or Guardian Signature	Date				
2. Teacher Review					
Please indicate your recommendations					

Period	Subject	Teacher Name	Initials	Comments
1				
2				
3				
4				
5				
6				
7				
8				

3. Administration Action

Prearranged Excused

Administrator Name

	Prearranged	Unexcused	(with parent	notification)
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Comments:

Date