

PRE-ARRANGED ABSENCE FORM  
SHERWOOD HIGH SCHOOL

To the Student:

You must obtain signatures from all your teachers on this form, which acknowledges you have arranged for prior completion of work that will be missed, and are aware of the effect this absence will have on your progress in class.

**RETURN COMPLETED FORM TO ATTENDANCE OFFICE-  
AT LEAST 24 HOURS IN ADVANCE OF ABSENCE**

Student Name \_\_\_\_\_

April 4<sup>th</sup> + 5<sup>th</sup>  
Inclusive Dates of Absences

Wau Band Fest + Band trip  
Reason for Absence

**STUDENTS ARE NOT TO INTERRUPT CLASSES TO OBTAIN SIGNATURES**

This student is capable of maintaining progress in this class.

This student is not capable of maintaining progress in this class.  
Permission to participate is not recommended.

<i>Teacher Signature</i>	<i>Teacher Signature</i>	<i>Comments</i>
Period 1 _____	Period 1 _____	_____
Period 2 _____	Period 2 _____	_____
Period 3 _____	Period 3 _____	_____
Period 4 _____	Period 4 _____	_____
Period 5 _____	Period 5 _____	_____

To the Parent:

Your signature on this form indicates that you are aware of and approve of this anticipated absence.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to the attendance office before pre-arranged absence begins.

Any questions-Contact Shari Ramp-503-825-5510