



## Pre-Arranged Absence Sierra View Junior Academy

*This form needs to be turned in one week prior to absence.*

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Date(s) of Absence \_\_\_\_\_

Reason for Absence \_\_\_\_\_

\_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_

Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_

Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_