



Molalla High School



Pre-Arranged Absence Form

Student Name: _____ Grade: _____

Dates of Absence: _____ through _____

The following reasons will be considered **EXCUSED**: (Please circle reason)

- A. Prolonged student or family medical issue
- B. Legal obligations
- C. Family emergency or bereavement
- D. Religious observation
- E. School sponsored, curricular or academic-related activity: _____

**** NOTE: Any prearranged absences that do not meet the EXCUSED criteria will be considered UNEXCUSED. ****

I understand there is no guarantee that the loss of school time will not have an impact on my grades and overall academic progress. I also understand that I will be withdrawn from Molalla High School if I miss 10 consecutive school days, as required by state law. THIS FORM MUST BE COMPLETED AND RETURNED TO THE ATTENDANCE OFFICE PRIOR TO THE ABSENCE.

Student Signature	Date	Parent Signature	Date
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1st Period _____ This absence will impact student's ability to pass my class: YES NO
Teacher Signature

Any assignments to be completed/Comments/Concerns

2nd Period _____ This absence will impact student's ability to pass my class: YES NO
Teacher Signature

Any assignments to be completed/Comments/Concerns

3rd Period _____ This absence will impact student's ability to pass my class: YES NO
Teacher Signature

Any assignments to be completed/Comments/Concerns

4th Period _____ This absence will impact student's ability to pass my class: YES NO
Teacher Signature

Any assignments to be completed/Comments/Concerns

5th Period _____ This absence will impact student's ability to pass my class: YES NO
Teacher Signature

Any assignments to be completed/Comments/Concerns

6th Period _____ This absence will impact student's ability to pass my class: YES NO
Teacher Signature

Any assignments to be completed/Comments/Concerns

Administrative Sign-off: _____