

PRE-EXCUSED ABSENCE FORM

BYRON CENTER WEST MIDDLE SCHOOL

This form must be returned to the Main Office.

Name: _____ Grade: _____ Today's Date: _____

Date(s) of Absence: _____ Number of Days Absent: _____

Reason for Absence: _____

1. The student must get this form signed by all of his/her teachers.
2. A parent must sign the form after all the teachers have signed it..
3. The completed form must be returned to the Main Office prior to absence.

*** Students are responsible for working with their teachers when they return from vacation to make up any necessary schoolwork**

Hour	Class	Teacher Signature
1		
2		
3		
4		
5		
6		

Signature of Parent: _____ Date: _____

Signature of Office Admin: _____ Date Returned: _____