

PREARRANGED ABSENCE

Lebanon High School

Today's Date: _____

_____ (Student's Name) parents/guardians have requested that he/she be excused for the following dates:

_____ for the following reason:

Parent's Signature: _____ Date: _____

1. This is for five days only unless authorized by an administrator.
2. All trips are to be arranged **one week in advance**.
3. Students must assume the responsibility that each teacher gives them clearance as to assignments handed in before departure, assignments due when they return, and the make-up of work missed during the time they are gone.
4. **After all of the student's teachers have signed this form, please return it to the Attendance Office.**

Period	Teacher's Signature	Remarks
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____

Administrator's Signature

Attendance Secretary's Signature