

Merit Pre-Approved Absence Request

Student Name _____ Grade _____ ID# _____

This form must be completed, signed, dated and returned to the office **prior** to the student's absence. This pre-approval will eliminate the requirement for attendance make-up related to this absence if your request is accepted.

The reason for requesting this absence: _____

The days that will be missed: _____

By signing this form I understand that:

- Teachers may not be able to recreate the learning activities missed.
- This may have a negative impact on my grade.
- I assume the responsibility of acquiring and making up all missed work and assessments during my absence.

Parent/Guardian Signature

Phone Number

Student Signature

Date

	Class	Assignments Due/Missed	Teacher Signature
T1			
T2			
T3			
T4			
W1			
W2			
W3			
W4			

****When form is completed, please turn in to the Front Office****

For Office Use:

Approved/Denied Notified ____ Approval Signature: _____ Date: _____