

Preapproved Absence/College Visit Form

*This form must be completely filled out and returned to Charla in the high school guidance office two days prior to your approved absence.

Student Name Date

Reason for Absence

_____ (date start absence)
_____ (date return to school)

Period	Teacher Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Parent Signature Date

For Conditional Absence only:

Administrator Signature Date

Office use only

_____ Student has turned in vacation paper

_____ Student has turned in signed verification from college