

**CASCADE CHRISTIAN SCHOOLS
JR/SR HIGH SCHOOL**

PRE-ARRANGED ABSENCE REQUEST

This form must be signed by the parent and returned to the office at least *one week prior* to the requested absence. Once the principal has declared the absence excused or unexcused, the form will be returned to the student. It is the student's responsibility to obtain signatures from each teacher and return the form to the office. **Do not get teacher signatures until it has been approved by the principal.**

Today's Date _____	
Student Name _____	
Grade _____	
Date(s) of Absence _____	
Reason: _____	

Parent Signature _____	Date _____

Teachers: Please DO NOT sign until a principal has signed and approved ahead of time.

Period	Teacher	Current Grade	Check Daily
1 st	_____	_____	<input type="checkbox"/> FACTS <input type="checkbox"/> O365 <input type="checkbox"/> Other _____
2 nd	_____	_____	<input type="checkbox"/> FACTS <input type="checkbox"/> O365 <input type="checkbox"/> Other _____
3 rd	_____	_____	<input type="checkbox"/> FACTS <input type="checkbox"/> O365 <input type="checkbox"/> Other _____
4 th	_____	_____	<input type="checkbox"/> FACTS <input type="checkbox"/> O365 <input type="checkbox"/> Other _____
5 th	_____	_____	<input type="checkbox"/> FACTS <input type="checkbox"/> O365 <input type="checkbox"/> Other _____
6 th	_____	_____	<input type="checkbox"/> FACTS <input type="checkbox"/> O365 <input type="checkbox"/> Other _____
7 th	_____	_____	<input type="checkbox"/> FACTS <input type="checkbox"/> O365 <input type="checkbox"/> Other _____

OFFICE USE ONLY	
<input type="checkbox"/> Excused	<input type="checkbox"/> Unexcused
Class Work Due _____ Test /Assessments Due _____	
Guidance Counselor Signature _____	Date _____
Principal's Signature _____	Date _____
<input type="checkbox"/> Counselor to process <input type="checkbox"/> Admin Approval <input type="checkbox"/> Back to Counselor for Student <input type="checkbox"/> Return to Counselor for Distribution <input type="checkbox"/> Entered into FACTS	