



JAMES S. RICKARDS HIGH SCHOOL



PRE-EXCUSED ABSENCE REQUEST

This form must be returned to the Student Affairs Office one week prior to the expected absence.

Student Name: _____ Student Number _____ Grade: _____

Date(s) requested for absence: _____

Specific reason for absence: _____

Parent/Guardian Signature _____

_____ Date

Every teacher must sign this document signifying knowledge of the expected absence and the need to provide assignments during the absence or upon the student's return to school.

PERIOD	TEACHER SIGNATURE	ASSIGNMENT	DATE
1			
2			
3			
4			
5			
6			
7			

Date Received in Student Affairs Office: _____ Received by: _____

ADMINISTRATOR'S REVIEW

☐ Request Approved

☐ Request Denied

*Administrator's Signature _____ Date: _____

*The pre-excused absence request is invalid without an administrator's signature.