

CARLISLE AREA SCHOOL DISTRICT  
540 West North Street  
Carlisle, PA 17013

## REQUEST FOR PREARRANGED ABSENCE

**PLEASE HAVE YOUR CHILD RETURN THE COMPLETED (PARENT SIGNED AND TEACHER INITIALED) FORM TO THEIR SCHOOL OFFICE AT LEAST ONE WEEK PRIOR TO THEIR TRIP**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

List other student family members requesting this prearranged absence. Complete a separate form for each student in the district requesting a prearranged absence.

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Dates of planned absence (not to exceed 5 days): \_\_\_\_\_

Reason for planned absence: \_\_\_\_\_

\_\_\_\_\_

Adult supervisor if other than parent: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

To be hand carried by the student to each of his/her teachers. A teacher initialing shall reflect that he/she is aware of the request. Specific student progress concerns should be addressed to the principal.

Subject \_\_\_\_\_ Teacher's Initials \_\_\_\_\_

Subject \_\_\_\_\_ Teacher's Initials \_\_\_\_\_

Subject \_\_\_\_\_ Teacher's Initials \_\_\_\_\_

Subject \_\_\_\_\_ Teacher's Initials \_\_\_\_\_

Subject \_\_\_\_\_ Teacher's Initials \_\_\_\_\_

Subject \_\_\_\_\_ Teacher's Initials \_\_\_\_\_

Subject \_\_\_\_\_ Teacher's Initials \_\_\_\_\_

Subject \_\_\_\_\_ Teacher's Initials \_\_\_\_\_

**Office Use:**

Academic Progress \_\_\_\_\_

Attendance to Date \_\_\_\_\_

Unexcused Absences \_\_\_\_\_

Prearranged Used to Date \_\_\_\_\_

Principal's Response: Approved \_\_\_\_\_

Disapproved \_\_\_\_\_