

JOB SHADOW PRE-ARRANGED ABSENCE FORM
2014-2015 SCHOOL YEAR

This must be initiated five (5) days prior to the absence so that the days missed will not count toward the school attendance policy.

Student Name: _____

Grade: _____

Date of Absence: _____

Reason: _____

<u>Hour</u>	<u>Class</u>	<u>Teacher's Signature</u>	<u>Recommendation/Work</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____

Parents: After reading the teacher's recommendations in regard to academic standing and work required, the decision to take the student out of school rests with you.

Date: _____

Parent Signature: _____

Administrator Signature: _____