

# Meadow Glade Adventist Elementary School

## Pre-Arranged Absence

This form should be submitted at least three days prior to requested absence.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Date(s) of Requested Absence \_\_\_\_\_

Reason for Absence \_\_\_\_\_

I have spoken to my child's teacher and have made all arrangements for my child's school work.

Teacher Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Administrator Signature \_\_\_\_\_

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