



**SOUTH  
LANCASTER  
ACADEMY**

Serve. Love. Achieve.



# Pre-Arranged Absence Form

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

Date of Absence \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature \_\_\_\_\_

(All information above must be completed before form is given to the teachers. A copy of the completed form will be returned to the parents.)

CLASS	COMMENTS	TEACHER SIGNATURE

**Upon completion, form must be turned in to the office.**

Committee Action: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

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