



# Alpharetta Christian Academy

## Pre-Arranged Absence Request

Student: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Date(s) Absent: \_\_\_\_\_

will be absent on \_\_\_\_\_

due to \_\_\_\_\_.

**NOTE: School work is to be obtained after the student has returned to school. No prior school work may be obtained before the absence.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Office Use Only

**PRE-ARRANGED ABSENCE APPROVAL**

Administrator's Signature \_\_\_\_\_

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



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