Ocee Elementary School
Request for Pre-Arranged Absence(s)

Student Name: ____________________________ Grade: ____ Teacher: ________________

Reason for Absence: __________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Date(s) Absent from School: ___________________________________________________

_________________________________     _____________________
Parent/Guardian Print       Date

_________________________________
Parent/Guardian Signature     Date

_________________________________
Approval by Principal

_________________________________
Principal Signature       Date

Students & Parents: This completed form must be sent to the Front Office 72 HOURS PRIOR TO ABSENCE or absence will be considered UNEXCUSED.