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

Student Name: ______________________________ Grade: ____________________

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.