## PRE-EXCUSED ABSENCE FORM

## BYRON CENTER WEST MIDDLE SCHOOL

This form must be returned to the Main Office.

| Name:               | Grade: Today's Da      |  |
|---------------------|------------------------|--|
| Date(s) of Absence: | Number of Days Absent: |  |
| Reason for Absence: |                        |  |

- 1. The student must get this form signed by all of his/her teachers.
- 2. A parent must sign the form after all the teachers have signed it..
- 3. The completed form must be returned to the Main Office prior to absence.

## \* Students are responsible for working with their teachers when they return from vacation to make up any necessary schoolwork

| Hour | Class | Teacher Signature |  |  |
|------|-------|-------------------|--|--|
| 1    |       |                   |  |  |
| 2    |       |                   |  |  |
| 3    |       |                   |  |  |
| 4    |       |                   |  |  |
| 5    |       |                   |  |  |
| 6    |       |                   |  |  |

| Signature of Parent: | Date: |  |
|----------------------|-------|--|
|                      |       |  |

Signature of Office Admin: \_\_\_\_\_ Date Returned: \_\_\_\_\_