

**Highland County Public Schools
Pre-Approved Absence Form**

Name of Student _____

Parents _____

Dates of Absences _____

Reason for Absences _____

Tentative approval _____ Date _____

**Teachers initial to show
awareness of absence**

Conflicts/Concerns

1st period _____

2nd period _____

3rd period _____

4th period _____

5th period _____

6th period _____

7th period _____

The student will make up all missed work according to school policy. (ref. Student handbook, page 3).

Teachers – Please notify the office if work is not completed by student.

Pre-approved absences count in the four (4) allowed absences each nine weeks.

Student Signature

Parent (s) Signature

- Final Approved
- Not Approved

Principal Signature

Date

Special requirements _____
