

SAINT KATHARINE DREXEL SCHOOL
503 South Spring Street
Beaver Dam, Wisconsin 53916
Phone: 920-885-5558 Fax: 920-885-7610 Website: www.skds.org



PRE ARRANGED ABSENCE REQUEST GRADES 4 - 8
(FOR PARTIAL OR FULL DAY ABSENCE)

Student Name _____ Grade _____ Phone# _____ Today's Date _____

1. Date(s) & Time(s) of pre-arranged absence request: _____

2. Reason for request: _____

3. Parent/Guardian Signature: _____

INSTRUCTIONS:

- Fill out your entire schedule.
- Get the assignments and signatures of the teachers whose classes you are requesting to miss.
- Turn the top half of this form in to the office

PERIOD	CLASS/TEACHER	ASSIGNMENTS MADE BY TEACHER	TEACHER
1			
2			
3			
4			
5			
6			
7			
8			
9			