



CARLISLE AREA SCHOOL DISTRICT
540 West North Street
Carlisle, PA 17013

REQUEST FOR PREARRANGED ABSENCE

Directions:

1. Parent completes and signs the form for their child at least one week in advance of the trip.
2. Student carries the form to the elementary grade-level teacher or 6-12th graders to each class to obtain teachers' initials and then submits the form to the school office at least three business days prior to the trip.
3. Secretary completes the "Office Use" section and the principal signs the form.
 - a. If the absence exceeds five (5) prearranged days, the form is sent to the district office for additional approval by a Director of Operations.
4. Parent receives a decision letter.

Student Name: _____ Grade: _____

School: _____ Dates of absence (not to exceed 5 days): _____

Parent/Guardian Name(s): _____

Home Address: _____

Email Address: _____ Phone: _____

List other student family members requesting this prearranged absence. Complete a separate form for each student in the district requesting a prearranged absence.

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Reason for planned absence: _____

Adult supervisor if other than parent: _____

Parent/Guardian signature: _____ Date: _____

A teacher initialing shall reflect that he/she is aware of the request. Specific student progress concerns should be addressed to the principal.

Subject _____ Teacher's Initials _____

Subject _____ Teacher's Initials _____

Subject _____ Teacher's Initials _____

Subject _____ Teacher's Initials _____

Subject _____ Teacher's Initials _____

Subject _____ Teacher's Initials _____

Subject _____ Teacher's Initials _____

Subject _____ Teacher's Initials _____

Office Use:

Academic Progress _____

Attendance to Date _____

Unexcused Absences _____

Prearranged Used to Date _____

Principal's Response: Approved _____

Disapproved _____

Date received by district office _____

Parent decision letter sent _____