West Valley School District

	Elementary School		
	Pre-arrange	d Absence Form	
	Date:		
Student Name:		Grade:	
Teacher:			
Dates of Absence: From _	to	Days of school misse	ed:
Reason for Absence:			
Parent/Guardian Signature	e:	Date: _	
Subject	Performance Level	Comments	
Effect of absence on stude	ent's progress:		
		Date: _	
Based on the above inforn negative results of this ab		rrent academic achievement, and	the potential
Accepted, E	xcused [Denied, Not Excused	
Principal Signature:		Date:	