



NEW BERLIN WEST PRE-ARRANGED ABSENCE REQUEST

Student Name: _____

Date(s) student will be absent: _____

Brief description of learning experience student will have while out of school **(Required)**:

Assignments to be done during student's absence:

HOUR	ASSIGNMENT	TEACHER'S SIGNATURE
Morning Drop		
A		
B		
C		
Afternoon Drop		
D		
E		
F		

This form must be completed and returned to the front office AT LEAST 2 DAYS prior to student's absence.

- If not received at least 2 days prior to absence, student's days will NOT be exempt.
- Parent/Guardian and Principal's signature is required.
- Parents need to call the Attendance Line (262)789-6410 with the days the student will be missing school.



Parent/Guardian Signature _____ Date _____

Principal's Signature (if approved) _____ Date _____

Office Staff _____ Date _____