

**FLUSHING MIDDLE SCHOOL
PRE-ARRANGED ABSENCE FORM**

Student Name: _____ Grade: _____

Date(s) of Anticipated Absence: _____

Reason for Request: _____

HOURL	CLASS	TEACHER	GRADE	ASSIGNMENTS	TEACHER SIGNATURE

After the above portion is completed by the teachers, please return this form to the main office.

Students should record their homework in their planner before leaving school.

Signature of Parent: _____

Note: Parents and students are reminded that all absences will count toward the twelve (12) days of absence allowed per semester.