

Kaleidoscope School of Arts and Science

Pre-Arranged Absence Form (Minimum 3 days)

This form is to be completed by Parent/Guardian, Teacher prior to departure of proposed trip.
Please return completed form to school office.

Student Name _____ **Grade** _____

Dates of Absence: _____ Total School Days Missed: _____

Reason for Absence: _____

Teacher's instructions of work to be completed	Due Date

To be completed by parent/guardian:

I agree to assist my child in the satisfactory completion of the above work while absent from school.

Parent/Guardian Signature

Date