



Oakland Christian School  
Pre-Arranged Absence Request

**This form should be completed and approved by the Elementary Administration at least one week prior to the days missed for scheduled absences of 3 days or more.**

Date(s) of Absence: \_\_\_\_\_

Student(s) Name/Grade: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(To be completed by classroom Teacher and Elementary Administration)

Student's total absences to date: Q1 \_\_\_\_\_ Q2 \_\_\_\_\_ Q3 \_\_\_\_\_ Q4 \_\_\_\_\_ Total  
absences (this trip included): \_\_\_\_\_ (for current Quarter only)

\_\_\_\_\_  
(Teacher's Name)

Please indicate below any concerns that you have regarding this student missing class for the dates mentioned above.

- I have no concerns regarding this student missing school.
- My concerns are:

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Updated 2.22.22