

*Elko High School*  
987 College Avenue  
Elko, Nevada 89801  
ph. 775-738-7281  
Attendance Office fax 753-5227

**PREARRANGED ABSENCE REQUEST FORM**

**Note:** It is necessary to provide all requested information. Parent or guardian and student must sign and return this form to the school Attendance Office prior to the date(s) of the absence.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Date(s) of requested absence \_\_\_\_\_

Reason for absence \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We understand that school attendance is necessary to the academic success of any student and quality of work may be affected by absences. Also, per ECSD Policy, less than 90% attendance of days each semester may result in loss of credit(s).

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Current academic standing and attendance will be reviewed prior to administrative approval of this request.

Request approved \_\_\_\_\_ Date \_\_\_\_\_

Request denied \_\_\_\_\_ Administrative signature \_\_\_\_\_

*Upon approval of this request, the student must get a prearranged admit from the Attendance Office and make arrangements with his/her teachers for make-up work.*