DEPARTMENT OF DEFENSE
DEPENDENTS SCHOOLS

Naples Elementary School

UNIT 808, BOX 39
FPO AE 09618

Pre-Arranged Absence Form

Name:	Grade:
Date:	Number of absences this quarter _____.
Reason for Absence:	

Step 1: I will be absent from school from _____to_____.

Step 2: I will prepare all assigned work missed due to this absence and I understand that I am expected to function fully, with all work completed, on the day of my return to school.

Step 3: Student Signature:_____Date:_____

Step 4: Parent Signature:_____Date:_____

Step 5: Principal Signature:_____Date:_____

Parents are asked to review comments/assignments which may indicate a negative impact if class time is missed. When all signatures are completed, this form must be returned to the Registrar.

NOTE: Students will **NOT** be excused the last two weeks of the first or second semester.

Step 6:

Course	Teacher Comments/Assignments/Criteria for Completion	Teacher Signature	Criteria of Completion met with satisfaction	Teacher Initials