



## Prior Approval of Absence

Student's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Reason for absence:

\_\_\_\_\_

Dates student will be absent from school: 1st day absent from school: \_\_\_\_\_

1st day returning to school: \_\_\_\_\_

**Student agreement:** I understand I am responsible for my school-work missed during my absence and the deadline for submission.

*Please have all your teachers sign below. Submit form to office when complete.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Approval

\_\_\_\_\_  
Date

**Teacher Acknowledgement:** Please initial next to the student's class to verify that the student is aware of their missing work and plan to remediate with deadline.

Teacher Signatures

1st Period: \_\_\_\_\_

2nd Period: \_\_\_\_\_

3rd Period: \_\_\_\_\_

4th Period: \_\_\_\_\_

5th Period: \_\_\_\_\_

6th Period: \_\_\_\_\_

7th Period: \_\_\_\_\_

8th Period: \_\_\_\_\_

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**Karl G. Maeser Preparatory Academy**

320 W 600 South • Lindon, Utah 84042

Ph 801.235.9000 • Fx 801.235.9010