



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: _____

Karl G. Maeser Preparatory Academy

320 W 600 South • Lindon, Utah 84042

Ph 801.235.9000 • Fx 801.235.9010