

**Mercer Island High School**  
**PREARRANGED ABSENCE FORM**

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

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

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

To the student: This form must be initialed by the appropriate teacher(s) and your parent/guardian. RETURN the COMPLETED form to the Attendance Office prior to your departure.

Period	Subject	Teacher's Initials	Comments
1			
2			
3			
4			
5			
6			
7			
BR			

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