



**ORANGEWOOD
ACADEMY**

Prearranged Absence Form

Student Name _____

Circle Month & Days of Absence:

Aug	Sep	Oct	Nov	Dec						
Jan	Feb	Mar	Apr	May	Jun					
1	2	3	4	5	6	7				
8	9	10	11	12	13	14				
15	16	17	18	19	20	21				
22	23	24	25	26	27	28				
29	30	31								
Periods:	0	1	2	3	4	5	6	7	8	All

Total Days Absent _____

Reason for Absence...(circle one)

Appointment	Illness in Family
Death	Needed at Home
Emergency	Out of Town
Illness	Religious Observance
Work	

Signatures are to be acquired in order: 1. Parent/Guardian signature, 2. Administrator signature, 3. Teacher signature(s)

1 Parent/Guardian Signature _____ Date ____/____/____

2 OA Administrator Signature _____ Date ____/____/____
Principal, Vice Principal, Business Manager

3 **Teacher Signature for Each Class Period**

Class Description:	Teacher Signature:
0. _____	_____
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

**Submit completed form to the office after all signatures have been obtained.*