The Geneva School

Pre-Arranged Absence Form

Please complete this form at least one week prior to the absence and return to the receptionist at the front desk.

receptionist@genevaschool.org  407-332-6363 ext. 201

Name of Student (Please print) _______________________________  Grade _______

Date(s) of Pre-Arranged Absence _______________________________________

Reason for Absence ______________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Name(s) of teacher(s) to be notified:  _______________       ___________________

                                      ___________________            ___________________

                                      ___________________            ___________________

Please Note:  It is the responsibility of the parent and student to determine missed classroom and homework assignments. Teachers should be contacted directly to discuss strategies for making up missed work. Please refer to the Parent/Student Resource Manual for policies regarding Attendance and Make-Up Work.

Student Signature ________________________________________ Date __________
(for students in Grades 7-12)

Parent Signature  ________________________________________________ Date __________

For Office Use Only

Date Rcvd _______ E ____  U ____  DoS Consulted _____  DoS Emailed _______

Teacher(s) _____  Aides _____  LLAMPS _____  RenWeb _____  Initials _________