

# Brockway Area Elementary School

40 North Street  
Brockway, PA 15824  
Phone (814) 265-8417 Fax (814) 265-1818

Candace J. Patricelli  
*Principal*

## Pre-Arranged Absence Form

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

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

Parent's Signature \_\_\_\_\_

Please be aware that the above named student will be absent from school on the following dates

\_\_\_\_\_.

Both student and parent understand that the student is responsible for all work missed while out of school. If it is possible to make any of the work up prior to leaving, please try to do so.

### Assignments to Make Up

Math –

Reading –

Science –

Social Studies –

Special Classes /Miscellaneous -

\*This form is to be returned to the office prior to the absence. A copy will be given to the principal, teacher, attendance secretary, parent, and student's file.