## CACTUS SHADOWS HIGH SCHOOL PRE-ARRANGED ABSENCE FORM

Student Name:			Student ID#	
Reason for abse	ence:			
Dates that you w	vill not be in school:			
•	s and teachers in the space r sign off on the space prov		his form to each individ	ual class and
Class	Teacher Signature	Work Assigned	Due Date	
Period 1				
Period 2				
Period 3				
Period 4				
Period 5				
Period 6				
Period 0 / 10				
Student Signatu	re	D	ate:	
Parent Signature	e	D	Date:	
Asst Principal Si	gnature	D	ate:	

Parents, please be advised that per the Cave Creek Unified School District #93 there is an attendance regulation in place (JH-R) regarding loss of credit. Please keep this in mind when requesting time away for your student. Approval of this form/request is contingent upon completion of all course requirements/expectations.

<u>LOSS OF CREDIT (Ref: Board Policy JH-R)</u> High School Students may lose credit for any class which they accumulate thirteen (13) absences and/or tardies during a semester. This accumulation of thirteen (13) absences will count all excused and unexcused absences and unexcused absences or tardies.

\*\*NO FINALS WILL BE GIVEN EARLY, IT IS THE STUDENTS RESPONSIBILITY TO MAKE UP ANY MISSED FINALS UPON RETURNING TO SCHOOL. ANY MISSED ASSIGNMENTS OR CLASSWORK DUE DURING THE REQUESTED TIME AWAY IS THE SOLE RESPONSIBILITY OF THE STUDENT TO COMPLETE.\*\*