

**SOUTHLAND CAPS
PRE-ARRANGED ABSENCE FORM**

This is to request permission for:

Name of Student _____

Home School _____ **Grade Level** _____

Southland CAPS Program _____

To be absent from Southland CAPS on _____

For the following reason:

Home School Activity (describe) _____

College Visit

Medical or other health related appointment

Family/Personal (describe) _____

The persons listed below must approve this request prior to the student's absence. This form will be returned your instructor to be recorded and filed in the student's file.

Parent Signature

Date

Home School Counselor/Administrator

Date

Southland CAPS Program Instructor

Date

Southland CAPS Administrator Signature

Date