

PREARRANGEMENT FORM

***THIS DOCUMENT ALLOWS A STUDENT TO START CLASS LATER THAN 9:30 OR LEAVE EARLY
FOR A DAY WITHOUT CONSEQUENCE IF ACCOMPANIED PREARRANGED WITH AN
INSTRUCTOR/ADMINISTRATION***

STUDENT NAME: _____ **DATE:** _____

DATE & TIME REQUESTED FOR PREARRANGEMENT: _____

REASON/COMMENT:

STUDENT SIGNATURE: _____

INSTRUCTOR SIGNATURE: _____