

**Manistee Catholic Central Schools  
Pre-arranged Absence Form**

Student: \_\_\_\_\_ Teacher: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Date of Absence: \_\_\_\_\_  
\_\_\_\_\_

Class: \_\_\_\_\_ Block: \_\_\_\_\_ Time: \_\_\_\_\_

Assignment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Due Date: \_ \_\_\_\_\_

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