



Accredited by the Western Association of Schools & Colleges
F.B. Leon Guerrero Middle School

Building #533 Juan Jacinto Road
 Yigo, Guam 96929
 Tel: (671) 653-2080



Jon J.P. Fernandez
 Superintendent of Education

Melissa D. Mafnas
 Principal

Pre-Arranged Absence Request Form
School Year 2021-2022

Request Date: _____

Complete a Pre-arranged/Off-Island Form and submit it to the Main Office **FIVE (5)** working days prior to departure (Submit copies of doctor's note, itinerary, etc.).

This form does **NOT** excuse a child from attending school as required by Guam law. It is only used to notify the school of the parent's intent for their child to be absent from school. The school administration considers the teacher's input on student progress and attendance in determining the approval or disapproval of the request. **Any Pre-Arranged request is not automatically excused.** If your child has received a truancy report, this report will affect the administrator's approval. If a child is to be out for a prolonged period (10+ days), he/she may need to withdraw from school and enroll elsewhere. Otherwise a doctor's certification is required to justify the absence(s).

Attendance Policy:

According to GDOE Board Policy 411 and GCA 17, all students under the compulsory age (5-16 yrs) are required to attend school everyday unless there is a bona fide reason for being absent. **As a school policy, not more than 6 parent notes per semester will be accepted. Beyond 6 parent notes, your child's absence must meet the excused absences policy or it will be marked unexcused.**

ONCE YOUR CHILD(REN) RETURNS, he/she will have reached a certain amount of parent notes (Please see Note). Please keep in mind after the 6th parent note your child will need a doctor's note for every absence or it will be marked *unexcused*.

Student Name: _____

Departure Date: _____ Arrival Date: _____ Return to School: _____

Parent/Guardian Name: _____

Contact Number(s): _____; _____; _____

- I am requesting for my child(ren) to be excused for a total of _____ days.
- I have read, understood, and agree to the Pre-Arrange Absent and Attendance Policies mentioned above.

 Parent/Guardian Signature

 Date



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*** Teachers, please COMPLETE below:**

| PERIOD | COURSE/TEACHER | ROOM # | ASSIGNMENTS PROVIDED | COMMENTS | TEACHER'S INITIAL |
|--------|----------------|--------|--|----------|-------------------|
| HB | | | <input type="checkbox"/> YES <input type="checkbox"/> NO - WILL PROVIDE UPON RETURN | | |
| TT | | | <input type="checkbox"/> YES <input type="checkbox"/> NO - WILL PROVIDE UPON RETURN | | |
| 1st | | | <input type="checkbox"/> YES <input type="checkbox"/> NO - WILL PROVIDE UPON RETURN | | |
| 2nd | | | <input type="checkbox"/> YES <input type="checkbox"/> NO - WILL PROVIDE UPON RETURN | | |
| 3rd | | | <input type="checkbox"/> YES <input type="checkbox"/> NO - WILL PROVIDE UPON RETURN | | |
| 4th | | | <input type="checkbox"/> YES <input type="checkbox"/> NO - WILL PROVIDE UPON RETURN | | |
| 5th | | | <input type="checkbox"/> YES <input type="checkbox"/> NO - WILL PROVIDE UPON RETURN | | |
| 6th | | | <input type="checkbox"/> YES <input type="checkbox"/> NO - WILL PROVIDE UPON RETURN | | |
| 7th | | | <input type="checkbox"/> YES <input type="checkbox"/> NO - WILL PROVIDE UPON RETURN | | |
| 8th | | | <input type="checkbox"/> YES <input type="checkbox"/> NO - WILL PROVIDE UPON RETURN | | |
| 9th | | | <input type="checkbox"/> YES <input type="checkbox"/> NO - WILL PROVIDE UPON RETURN | | |

I agree and understand that it is my responsibility to complete all assignments given to me during my pre-arrange absence. It is also my responsibility to communicate to my teachers upon my return for make-up or further assignments missed.

// APPROVED // DISAPPROVED

Total number of days: _____ Excused _____ Unexcused

Administrator(Print) _____

 Administrator

 Date

Reason for Student's Absence: *Please Initial Appropriate Reason.*

_____: My Child/Children's Medical (**IMPORTANT:** A physician's note for a referral off island is required as to what hospital and the duration of medical treatment.)

_____: Other/On Island (A copy of an itinerary must be attached for **ALL** off island requests.)

Please Explain: _____

Off-island Address:: _____



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*F.B. Leon Guerrero Middle School's mission is to respond to the unique needs
of our students while exploring areas of individual potential and cultivating lifelong learning skills.*