



**Jon J.P. Fernandez**  
Superintendent of Education

**Guam Department of Education**  
**Liguan Elementary School**  
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**Johansen K. Punongbayan**  
Principal

## **REQUEST FOR PRE-ARRANGED ABSENCE**

\*Please forward form to Main Office for Approval once completed.

Date of Request: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student #: \_\_\_\_\_ Grade: \_\_\_\_\_ Room #: \_\_\_\_\_

Period of Absence:

From (Starting date): \_\_\_\_\_ To (Ending date): \_\_\_\_\_ Total number of days: \_\_\_\_\_

**Reason for Absence:** \_\_\_\_\_

- Please attach Airline Itinerary.
- All assigned work must be completed & submitted as per the Teacher/Parent Agreement if Approved.
- GDOE Policy allows a student to be excused from school no longer than ten (10) school days; pending the approval of the administrator. (Absence for more than ten (10) school days needs to be justified by a doctor's note/certification or the principal) *\*Off island trips that are non-medical may be disapproved which will result as unexcused absences.*

Teacher(s):	Initial
Homeroom: _____	_____
Chamorro: _____	_____
GATE: _____	_____
ESL: _____	_____
SPED: _____	_____

(Parents must indicate Program Teachers names and have each teacher initial by his/ her name that he/she is AWARE of student's Pre-Arranged Absence prior to submission to main office. Teachers may provide assignments if needed once approved by the Administrators.)

Parent/Guardian's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Other: \_\_\_\_\_

### **DO NOT WRITE BELOW. FOR OFFICIAL USE ONLY**

[ ] Approved [ ] Disapproved Administrator's Signature: \_\_\_\_\_

Comments: \_\_\_\_\_