

PRE-ARRANGED PERSONAL ABSENCE REQUEST- Elementary

Student Name _____ School: _____

Grade _____ Home Phone _____

Dates of Anticipated Absence _____

Reason for Absence _____

Parent/Guardian Signature _____

STUDENTS MUST HAVE THIS FORM SIGNED BY ALL OF THEIR TEACHERS AND BY THEIR PARENT/GUARDIAN AND AN ADMINISTRATOR FOR ANY PLANNED ALL-DAY ABSENCE. RETURN THIS SIGNED FORM TO YOUR ATTENDANCE OFFICE.

Teachers, please check the appropriate column:

Column 1: Classwork must be made up **prior** to the student's departure.

Column 2: Classwork will be allowed to be made up. Please indicate a time limit in comments' section.

Column 3: The classroom experience cannot be repeated i.e. simulations, discussions, field trips.

Column 4: Strongly recommend your child be present. This student cannot afford the lost time.

Class	Teacher's Signature/Comments	1	2	3	4
Reading					
Writing/Spelling					
Math					
Social Studies					
Science					
Specials					
Other					

Families should carefully evaluate taking students out of school. While a preplanned absence may provide an excellent learning experience, an absence from school may create learning problems for your student. Please consider the above comments before signing this form. **Remember, the responsibility to make up class work rests with the student. Students must inform teachers at least two days prior to the anticipated absence.**

Any questions concerning this form should be directed to your student's elementary school office.

Administrator's Signature: _____