Canyon Creek Elementary
Pre-Approved Absence Request Form
For Absences of 3-20 Days*
Submit to the office at least two weeks prior to the requested absence dates.

Please make an attempt to schedule family trips during regular school breaks. We understand that occasionally there are extenuating circumstances. It is important to know that it is very difficult to make up lost instructional time, since much of your child’s learning at school is dependent upon student and teacher collaboration, small group work, hands-on learning, inquiry experiences, and other classroom interactions. These rich classroom experiences can’t be replaced by make-up work.

Absences may be excused with prior principal permission. Classwork and homework assignments will not be provided in advance. When your child returns from an excused absence, the teacher will provide make up assignments at her/his discretion, along with a reasonable timeline for completion. The student is responsible for completing this missed work.

Please note: State law requires that a student be withdrawn after 20 consecutive absences. You will need to provide proof of residence to reactivate your student upon their return.

Student Name(s) Teacher Grade

First date of absence: ___________ Number of school days absent: _______ Date returning to school: ___________

Reason for absence: ________________________________________________________________

I have read the attached district policy (No. 3122) and I understand I am having my child miss _______ school days of classroom instruction. I am aware of the following impacts to my child’s absence from school:
• My child will miss newly introduced concepts and skills in all academic content areas, music and PE
• My child will miss activities, projects and classroom experiences that are not possible to make up
• My child may need extra support at home with assignments upon returning from the absence
• My child may need to relearn established (or learn new) classroom policies and procedures
• Assignments will not be provided in advance of the absence

Parent/Guardian Signature: ___________________________ Date: __________________________

Teacher Review (to be completed by the classroom teacher):

Student is achieving at or above grade level? Yes No
Absence may adversely affect academic performance? Yes No

Other comments / concerns: __________________________________________________________

Teacher signature __________________________________________

Principal’s Decision: Excused Unexcused

Principal’s Signature ___________________________ Date: __________________________

This form will be placed in the student’s cumulative file.

* Prior Principal Approval Required