

Lodi Primary School

Parent Request for an Extended Absence

On date(s) _____, my son/daughter _____
(Name)

will be absent from school. My child's teach is _____.

The reason:

Parent Signature: _____ Date _____

Note: This form must be completed and returned with parental signature to the Primary School office at least five day before the scheduled extended absence.

For office use:

Date Received: _____ Received by: _____ Excused Y N