



Request for Excused Absence*

For absences of 1-20 Days

Please submit to the office at least one week prior to the requested absences 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 cannot 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 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***Please note: State law requires that a student be withdrawn after 20 consecutive absences.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: _____ Grade: _____ Teacher: _____

Date(s) of Absence: _____ Number of School Days Absent: _____

Reason for Absence: _____

I have read the attached district policy (No. 3122) and I understand that 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 instructed 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 Decision: Excused Unexcused

Principal Signature: _____ Date: _____

**Principal approval required. This form will be placed in the student's cumulative file.*