

Richland School District

**Absence Request Form**

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

Teacher: \_\_\_\_\_

Dates of Absence: from \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year Month Day Year

This form is designed to accommodate absences from school on a pre-arranged basis:

Vacation       Family Emergencies       Medical       Other

Description: \_\_\_\_\_

Parent(s):

1. Please sign the "Absence Request Form" prior to student presenting form to the school office.
2. Return the signed "Absence Request Form" to the school office for the final approval seven (7) school days prior to the date of absence. The seven (7) day notification will be waived for Medical Emergencies.

Teacher Signature	Assignments Given (Y/N)	Notes

I agree to have my child complete any/all missed school work assigned by his/her teacher for the duration of this absence. This school work will be turned in to the teacher upon my child's return to school.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Absence Excused: \_\_\_\_\_ Absence Unexcused: \_\_\_\_\_

Office Recommendation: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_