

Richland School District

Absence Request Form

Student Name: _____

Teacher: _____ Room: _____ Grade: _____

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 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:** _____