



17511 North Main ★ Galesville, WI 54630 ★ p: (608) 582-4657 ★ f: (608) 582-4961 ★ www.getsd.org

4K-5 Pre-Planned Absence Form

(Name) _____ (grade) _____

has requested permission to be absent.

First Day Absent: _____

Date Returning to School: _____

Reason for Absence: _____

The student should coordinate with the teacher to make-up class activities that occurred during the absence. We ask parents for their help in this process.

_____ (parent signature)

Teachers: Please sign below to indicate that the student has communicated with you regarding their absence and that missed activities will be completed either before their absence or upon their return. Please return this form to the building office for approval.

Date work needs to be completed: _____

_____ (teacher signature)

This absence is excused.

This absence is not excused.

_____ (principal signature)