



Thetford Elementary School

Thetford, Vermont 05074

Phone: 802-785-2426

To be used for absences other than illness, family emergencies, dental or medical appointments, or religious observances.
ANY ABSENCE 5 DAYS OR MORE

Prior Principal approval required

Student Name _____ Grade _____ Teacher _____

Date(s) of Absence _____ Number of School days absent _____

Reason for Absence _____

Please note: Missing any amount of classroom instruction adversely impacts a student's learning. Giving homework during the vacation/ absence cannot make up for the loss of instruction time with a teacher and peers. Make-up assignments are not provided in advance. The teacher may require some work to be made upon return.

Signature _____ Relationship to Student _____

Teacher Signature _____

Principal Signature _____ Date _____