

Madrona K - 6th Grade Request for Excused Absence

(For absences **other than** illness, dental or medical appointments, or religious observations)
Vacations during the school year are strongly discouraged. Please complete the top portion and
return to the office.

Student Name: _____ Grade: _____ Today's Date _____

Center _____

Dates of absence: _____ Number of missed academic days: _____

Reason for absence _____

Tell us what you will do with your child during this time away from school so your child does not fall behind. (**Please note:** assignments are not provided in advance. The teacher may require some work to be made-up upon return and some learning experiences cannot be made up, i.e. classroom discussions and labs.):

Signature: _____ Relationship to student: _____

Teacher Review (will be completed by the classroom teacher):

Student is achieving at or above grade level? Yes _____ No _____

The amount of time absent may adversely affect academic performance? Yes _____ No _____

Other comments / concerns: _____

Teacher Signature _____ Date: _____

Teacher Signature _____ Date: _____

Principal's Decision: Excused _____ Unexcused _____

Signature: _____ Date: _____