

Advance Request for Planned Absence
School District of Wisconsin Dells
Grades K-5

Student _____ Grade _____ Date _____

Date(s) of Absence: _____

Reason(s) for Absence: _____

Homeroom Teacher: _____

- Parent:
- Please contact your child's teacher(s) to find out how your child is progressing in each class.
 - Complete the top portion of this form, sign at the bottom of the second page, and give it to your child's teacher at least 3 days prior to planned absence.
 - When the form is returned to you, review with your child his/her progress and arrangements for make-up work.

- Teacher(s):
- Complete the "Arrangements for Make-Up Work."
 - Return to parent for their signature on back and then forward to office.
 - Notify office of dates of intended absence.
 - File a copy of form.
 - Return original to student.

Office Signature: _____

Date: _____

Comments:

(Parents, please sign on the back of this sheet)

Arrangements for Make-Up Work

Option 1: Student must complete the work before leaving.

Option 2: Student must complete the work upon return.

Subject:	Option	Make-Up Work	Teacher
Reading			
Language Arts			
Science			
Social Studies			
Math			

Parent Signature: _____

Date: _____