

MARSHALL MIDDLE SCHOOL

100 E. Green Street ... Marshall, Michigan 49068

(269) 781-1251 ... FAX (269) 781-6621



Tara Egnatuk, Principal

Matt Siebert, Assistant Principal

Extended Absentee Notification

The Marshall Public Schools Student Handbook/Calendar indicates the following statement:

Attendance – Daily attendance of students who are enrolled in the Michigan Public Schools is required in accordance with state law and school board rules. Students will attend regularly scheduled classes unless officially excused by parent(s) or guardian(s).

The Marshall Public Schools believe that good attendance is vital to a student's achievement and DO NOT recommend that parents remove students from school for an extended period of time (3 days or more). While we recognize the value of travel, vacation and relationships with parents, we feel that our school calendar provides several opportunities for these activities. Absences beyond the time allotted in the calendar may be detrimental to the student. Explanations and class discussions are presented daily which written "make-up" work cannot replace. Time lost from activity classes is impossible to recover. Any extended period of absence may result in a corresponding drop in a student's grade.

DATE OF NOTIFICATION: _____

STUDENT'S NAME: _____

HOMEROOM TEACHER'S NAME: _____ GRADE: _____

DATES OF ABSENCE: _____

REASON FOR ABSENCE: _____

I have read the above statement and understand fully the effect which an extended absence may have on my child's achievement, understanding, and grade. I accept the responsibility for any detrimental effect this absence may have on my child, and will do whatever is necessary to minimize this effect, and to see that work missed is made up and information missed is acquired.

PARENT'S/GUARDIAN'S SIGNATURE: _____

Comments: _____

Please sign and return this form to the principal's office NO LATER THAN *two weeks* before your first anticipated date of absence.

Thank you,
Marshall Middle School Administration and Staff

PRINCIPAL'S SIGNATURE: _____ DATE: _____