

Saltar's Point Elementary

908 3rd Street, Steilacoom, WA 98388

saltarspointoffice@steilacoom.k12.wa.us

Planned Absence Request

The parents of _____ have requested permission for their student to be absent from school on the following days: _____

Reason for absence: _____

Teacher: _____

Saltar's Point Elementary strongly discourages students from taking extended absences during the school year. When students are absent from school they lose valuable instructional time, fall behind in classwork and miss learning key skills. It is understood that the student will make up all work missed within a reasonable length of time after the absence, and that approval of future requests will be based upon the results of this request.

The student will ask all teachers involved to sign this absence request and collect any assignments listed below. The student will turn in those assignments upon returning to class.

Once this form has been signed by all parties a copy will be sent home with your student. Please note that a Planned Absence Request is not valid until all parties have signed.

I have reviewed the above information and give my permission for my student to be dismissed from school as requested on the top of this page.

Parent Signature: _____

Contact Phone Number: _____

Teachers Assignments/Comments: _____

Teachers Signature: _____

Administrator Approval: _____