

Anderson Island Elementary

13005 Camus, Anderson Island, WA 98303 253-884-4901



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: _____

Anderson Island Elementary strongly discourages students from taking extended absences during the school year. When students are absent from school they lose valuable instructional time, can 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 of this kind will be based upon the results of this request.

The student will ask their teacher to sign this permission slip, get any school work and return it to their teacher upon the student's return to school.

Teacher's Signature _____

Comments:

I have reviewed the above information and give my permission for my son/daughter to be dismissed from school as requested above.

Parent Signature: _____

Contact phone number: _____

Administrator Approval: _____