

PRE-ARRANGED ABSENCE FORM

*At Taylors Falls Elementary School, our goal is to help students learn and grow all that they can.
Attendance at school is a vital part of achieving this goal.*

Parents: Please complete the boxed section of this form and return it to the office. After teachers attach their homework, this will be sent home with your student.

*This form must be completed at least **one week** in advance of the absence to give your child's teacher adequate time to prepare the necessary make-up work. The teacher will determine the due date.

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

Grade/Teacher _____

Dates of expected absence: _____

Reason for absence: _____

Parent Signature: _____

Office use only:

Mrs. Grote, Ms. Hillen, Mrs. Moberg / Mrs. Kaiser, Mrs. Mickelson, Miss Thompson / Mrs. A. Jensen, Mr. Bernsdorf, Mrs. Colvin / Mrs. Miller, Mrs. Valentin / Mrs. Brandt, Ms. K. Jensen, Mrs. Spray / Mrs. E. Anderson, Mrs. Johnson
__ Homeroom Teacher, please share with small group instruction teachers.

Mrs. Waddell / Mrs. Beecroft / Mrs. Becker / Mrs. B. Anderson / Mr. Hoefler / Ms. Fischbach
__ Copies made in office for: Mrs. Sunquist, Mrs. Allram, and Ms Plank

Homework to be made up:
