James Conger Elementary School

10 Channing Street Delaware, OH 43015
Phone: (740)833-1300 Fax: (740)833-1349
Principal: Jerry Stewart

PRE-ARRANGED ABSENCE FORM

Students who plan to be absent from school for reasons other than normal illness should submit this completed form to the office one (1) week in advance of the absence. **It is hoped that family vacations can be scheduled at times when students are not in school. Many important classroom experiences, events and discussions cannot be repeated and absence from school may be detrimental to a student's academic progress.**

STUDENT'S NAME_____ GRADE _____

TEACHER _____

DATES OF ABSENCE_____ NO. OF DAYS_____

REASON: ____Educational Travel ____Family Business/Emergency

____ Religious Holiday ____Other _____

Explanation:_____

_____

_____

(please provide an explanation for all absences)

_____ _____

Parent/Guardian Signature Date

Teacher Comments:

_____

_____

_____ _____

Teacher Date

Principal Approval: ____excused ____ authorized ____unexcused

_____ _____

Principal Date

Copies to: Parent, Attendance, Teacher