

Hulstrom K-8 Request for Extended Absence – Grades 6-8

****Complete and submit form to Hulstrom's Main Office prior to the first date of the absence****

To the teachers of _____
(student's name – please print)

Dates of Absence _____

Reason for Absence _____

Long-term absences (3 or more days) must be approved by Hulstrom administration.

Hulstrom policy states that make-up work will be obtained **AFTER** the student returns from the absence. Many classroom experiences such as videos, special presentations, lab experiments, etc. cannot be repeated and teachers are under no obligation to duplicate those experiences for the absent student.

STUDENTS must gather comments and signatures from **each** of their teachers prior to submitting this form. Incomplete forms will not be accepted.

TEACHERS: Please complete the form below with any comments you may have such as student's current missing work and/or student obligations from your class, if known.

****TO BE COMPLETED BY TEACHERS****

Period	Subject	Teacher	Comments	Teacher's Signature
1				
2				
3				
4				
5				
6				
7				

As the parent, I acknowledge that my student will be missing important content delivery, lesson instruction, and learning activities which cannot be duplicated. This may impact my student's learning and put my student at risk for a lower grade. My signature indicates my understanding of this risk.

Parent's Signature _____ Date _____

Principal's Approval _____ Date _____