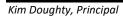
## Peter G. Schmidt Elementary School



Brittany LaPalm, Assistant Principal



## **Excused Absence Request**

Date:		
Student Name:		
Teacher:		Grade:
Parent Name:		
Contact Number(s):		
Requested Date(s) of Absence:		
Reason for Absence:		
THIS FORM MUST BE COMPLETED AND TO	URNED IN TO THE OFFICE AT LEAS	T <b>10</b> DAYS PRIOR TO PLANNED ABSENCE
	FOR OFFICE USE	
Current Excused Absences:	Current Unexcused Absences:	Current Tardies:
☐ Plan has been made for missed	I content/assignments	
Teacher Approval:		<del></del>
Administrator Approval:		

237 Dennis Street SE Tumwater, WA 98501 Phone: 360-709-7200 Fax: 360-709-7202

Continuous Student Learning in a Caring, Engaging Environment