



REQUEST FOR EXTENDED ABSENCE

FOR THE STUDENT (PLEASE FILL OUT AND INITIAL BESIDE EACH BLANK BELOW)

NAME: _____

DATE(S) OF ABSENCE: _____

DATE STUDENT RETURNS TO SCHOOL: _____

REASON FOR ABSENCE: _____

____ I understand that I have the responsibility to make up any and all classwork, homework, quizzes, and tests within the time designated by my teacher(s).

____ I am aware of my current grades and performance in my classes and believe that I can manage the workload that comes with making up work while also being assigned new work when I return to the class.

____ If there are any classes where I am worried about the impact on my grades or learning, I have spoken to the teacher to determine a plan for making up work.

STUDENT SIGNATURE _____ DATE _____

FOR THE PARENT/GUARDIAN (PLEASE INITIAL BESIDE EACH STATEMENT)

____ I request that my student be absent during the designated time above.

____ I acknowledge that with this request comes the responsibility of my student making up any and all classwork, homework, quizzes, and tests within the time designated by the teacher(s) for those classes that will be missed.

____ I understand that Washington Academy advises all students to miss as few class days as possible to maximize academic learning and extracurricular involvement, and that this extended absence will cause my student to miss aspects of in-person class time experiences that cannot be repeated even if classwork and homework is made up.

____ I understand that if my student exceeds 10 total absences of any kind unrelated to excusable absences, they are in danger of receiving no credit for classes this semester. I have reviewed my student's attendance in My Backpack and understand the potential impact of this extended absence.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

MUST SUBMIT 5 SCHOOL DAYS PRIOR TO REQUESTED ABSENCE