

EXTENDED ABSENCE APPLICATION

K-6

STUDENT'S NAME _____ HOME PHONE _____

I request that my son/daughter be allowed to be absent from school from
_____ to _____.

Please describe the reason for the Extended Absence:

As a parent/guardian, I believe the educational values may be served by a well - planned family - oriented experience outside of school; however, I realize that:

1. Absence from school/classroom may disrupt the continuity of instruction.
2. Learning experience may be lost and, in some instances, not regained.
3. The responsibility for make-up rests with the student and cannot place undue demand on the teacher's time.
4. Instructional opportunities lost during the time absent may reflect in lower class grades.

Records may be reviewed by the Principal at the end of the semester consistent with the School Board Policy on Attendance.

PARENT/GUARDIAN SIGNATURE

TO BE COMPLETED BY ELEMENTARY CLASSROOM TEACHER:

List approximate grade for each subject:

Do you support this request? Yes _____ No _____

Teacher's Signature

Approved _____ Disapproved _____

Principal's Signature