

Secondary Pre-Arranged Absence Form for two or more days

Lake Washington School District recognizes the importance of regular school attendance as a necessity for mastery of the educational program provided to students of the District. As such, students are expected to attend all assigned classes each day.

Students may be excused from attendance subject to approval by the student’s parent and the school principal or designee based on valid excuse criteria outlined in the Tesla STEM High School Handbook.

If families have prior knowledge that their student will be absent, they may pre-arrange for the absence to be excused. If the pre-arranged absence will result in the student being considered chronically absent the pre-arrangement process must include a plan indicating how the student will maintain sufficient educational progress.

note: Teachers are not required to provide classwork or assignments in advance of absence.

INSTRUCTIONS: Please complete in this order:

- 1) Student/family completes SECTION A
- 2) Student asks each teacher to complete/sign SECTION B
- 3) Student submits completed form to office (Ms. Ferguson)
- 4) Administrator will approve and will contact the family **only** if there is a concern

SECTION A:

Student name: _____ First day absent: _____

Grade: _____ Last day absent: _____

Parent signature: _____ Date: _____

Reason for absence (required):

- Extended Illness or Health Condition
- Medical Appointment
- Religious or Cultural Purposes/Observance of a Religious Holiday
- Judicial Proceeding
- Parental-Approved Activity (please describe as principal approval is also required by policy)

In keeping students and families informed of the total school absences, please calculate the following:

Number of school days missed _____ + number of school days missed to date _____ = Total # of absences: _____

SECTION B:

Students, please provide each of your teachers with the opportunity to sign this form.

PERIOD	COURSE	TEACHER COMMENTS	TEACHER SIGNATURE
PERIOD 1			
PERIOD 2			
PERIOD 3			
PERIOD 4			
PERIOD 5			
PERIOD 6			

Administrator notes: (approved or contacted parents/caregivers on this date: _____)

Administrator signature: _____ Date: _____