

Coupeville Elementary School
Preplanned Absence Request

Absence Information

Student Name: _____

Date(s) of Absence: _____

Absence Reason: ☐ Medical ☐ Bereavement ☐ Sport/Activity ☐ Vacation

☐ Other (explain): _____

Make Up Assignments

Before your student's preplanned absence will be approved, the teacher signature portion for all classes that will be missed needs to be completed. This form does not excuse your student from completing in-class assignments or homework assignments. It is your student's responsibility to complete the work in the timeline agreed upon with the teacher.

Subject	Make Up Assignments	Teacher Signature

If an elementary school student has five (5) or more excused absences in a single month during the current school year or ten (10) or more excused absences in the current school year, the district will schedule a conference with the student and their parent(s) at a reasonably convenient time. The conference is intended to identify barriers to the student's regular attendance and to identify supports and resources so the student may regularly attend school. See Policy/Procedure 3122 for more information on excused/unexcused absences.

Parent Acknowledgement

I will supervise completion of all make up work assigned and understand that the work must be turned in the day my child returns to school or within the timeline that has been agreed upon with the teacher.

Please sign and return to the office at least 48 hours prior to the scheduled absence.

Parent Name

Parent Signature

Date

CES Approval

☐ Approved by the principal or designee

Homeroom Teacher Signature

Date

Principal Signature

Date

Completed form received in school office on _____

Please call the Elementary School Office at 360-678-2474 with any questions.