



Department of Learning and Teaching

ELEMENTARY EXTENDED ABSENCE REQUEST & CONTRACT

(To be completed 1 week prior to student absence.)

To be completed by parent/guardian:

Student Name: _____ Teacher/Grade: _____

Dates of Absence: _____

Reason: _____

Number of school days to be missed: _____

I understand that my child will be missing vital instruction time, hands-on learning, and discussions during their absence that cannot be made up with paperwork.

I understand that missing 10% or more (18 days) of the school year increases the chance that a student will not read or master mathematics at the same level as their peers.

I understand that my child will have work prepared by his/her teacher that is to be completed satisfactorily (determined by teacher) and submitted to the teacher upon returning to school, in order for the absences to be excused. I understand the work provided, though comparable, may not be the exact same work that students complete in class.

Parent/Guardian signature

Date

To be completed by teacher:

School work to be done for this absence (reading, writing, mathematics, etc.):

Reading: _____

Writing: _____

Math: _____

Science/Writing/Social Studies/Other: _____

All work was completed satisfactorily and submitted within a reasonable time of returning to school.

Teacher signature

Date

Administrator signature

Date