Edmonds School District

Pre-arranged Partial Day Absence Request

For pre-arranged partial-day absences impacting more than 2 weeks

Contact the school DIRECTLY about ***illness****, unpredictable* ***emergencies****, or* ***religious observances (this form doesn't apply to them)***

Complete Sections 1 and 2 and return the form to the main office at least two weeks before the planned partial-day absence. Turning in this form does not excuse or approve the absence. Complete one form per school and include all students whose attendance will be impacted.

Important:

- **Communicate with attendance staff** as early as possible about your pre-planned partial-day absence.
- Your student's absences can negatively affect their learning, grades (secondary), and long-term academic success.
- Work assignments are generally not provided in advance, and **teachers are not required to gather academic work before school absences.**
    - Essential learning experiences, including classroom discussions, science labs, etc., cannot always be made up.
- After you complete the form, the school will provide an **Excused** or **Unexcused** decision for the absence(s).

Section 1: (Parent/Guardian completes)

Days of the week impacted:(circle all that apply) Monday Tuesday Wednesday Thursday Friday

Select the type of partial-day absences:

☐ Early dismissal (student will leave before the school's scheduled dismissal and not return)
Time of pickup:_____:_____AM / PM (cirlcle one)

☐ Late Arrival (student will arrive after the school's scheduled Arrival)
Time of arrival: _____:_____AM / PM (cirlcle one)

☐ Partial-day absence (student will leave during the school day and return during the school day)
Time of pickup:_____:_____AM / PM (cirlcle one) Time of arrival: _____:_____AM / PM (cirlcle one)

Parent/Guardians: attach your plan for mitigating learning loss due to partial-day absences.

Section 2: (Parent/Guardian completes) Complete one form per school and include all students whose attendance will be impacted.

Student(s) Name & Grade			
Teacher(s)			
Reason for Absence			
Parent/Guardian Name			
I understand that in arranging these partial-day absences, I am responsible for mitigating any learning loss and communicating with the school about changes to this schedule.			
Parent/Guardian Signature		**Date**	

Section 3: (Completed by the school)

Attendance Record: ☐ Added to attendance records **Attendance Staff Initials:** _____

Principal Decision: ☐ **Excused** ☐ **Unexcused**

Principal Signature: _____ Date: _____

* Please provide a copy of the completed form to the family. Keep a copy in the student file.