Edmonds School District

Pre-arranged Absence Request

For absences, 2+ school days, including planned absences.

*Contact the school DIRECTLY about **illnesses**, **emergencies**, or **religious observances (this form doesn't apply)***

Families should not schedule vacations or travel while school is in session. If a family vacation or travel must occur while school is in session, it must be requested at least one week before the first absence using this form and reviewed by the principal (or designee).

- ☐ Complete and return the form to the school's main office at least one week before the planned absence.
- ☐ **Turning in this form does not excuse or approve the absence.**
- ☐ You must complete one form per school and include all students enrolled whose attendance will be impacted.

Important:

- Absences of 20+ school days: Your student/s will be removed from enrollment, and you must re-enroll upon return.
- Your student's absences can negatively affect learning and success at school.
- **Teachers are not required to collect academic work during absences.**
  - Therefore, students and families must check with their teacher(s) to obtain any missed work.
- Absences from school may adversely affect a student's grade, as any class or course may depend, to a greater or lesser degree, on specific classroom experiences, such as discussions, labs, and other interactive learning activities.

Section 1: Needs to be completed by parent or guardian

Student Name (First and Last Name)	Grade	Student Name (First & Last)	Grade

Reason for Absences			
Dates of absence		**Date Returning to School:**	
Parent/ Guardian Name: (First and Last Name)		**Phone number:**	
		Email:	

I have reviewed this document and understand the possible academic implications of my student's absences from school on the dates indicated above.

Signature of parent/ guardian: _____ Date: _____

*** For office use only ***

Number of absences to date:		**# Unexcused to date**	

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

Principal Signature: _____ **Date:** _____