Christine Stefani – Principal

Laura Ingalls Wilder Elementary
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Extended Absences from School

Dear Parent/Guardian,

We understand that you plan to take your student out of school for an extended absence (3 days or longer). Due to this absence, we request that you read, complete, and sign this form to acknowledge the class time your student will miss.

Notice to the School of Planned Absences

Student Name	Grade	Teacher (Last Name)	Number of school days student will miss	Number of absences student has to date	Total Absences

Dates of Absence

My student(s) will miss school on: _____

Reason for absence: _____

Parent Acknowledgement

I understand that due to being absent from school my student(s) will miss many learning activities that cannot be replicated or made up. Various factors influence the impact of absences on student learning including the timing and length of the absence. Teachers cannot duplicate what is learned in the classroom by only providing written make-up work. Different grade levels, specialists, and special services will have different policies about making up schoolwork. In some cases, assignments or assessments may not be made up, possibly affecting a student's report card grade.

Parent Signature _____ Date _____

Administrator:
Absences will be marked: __ Excused __ Unexcused

Administrator Signature: _____ **Copy to:** ___ Office ___ Teacher