



STUDENT ABSENCE NOTIFICATION

PLEASE RETURN THIS FORM TO SCHOOL AT LEAST 2 WEEKS BEFORE PLANNED ABSENCE

STUDENT'S/STUDENTS' NAME(S) _____

GRADE _____

DATES OF ABSENCE _____

REASON FOR ABSENCE _____

WE ASK THAT YOU NOT TAKE YOUR CHILD OUT OF SCHOOL UNLESS ABSOLUTELY NECESSARY. WE ARE WILLING TO HELP IF OTHER ARRANGEMENTS CANNOT BE MADE, BUT REGULAR ATTENDANCE IS VITAL TO YOUR CHILD'S EDUCATION. ALL CLASS WORK, TESTS OR QUIZZES ASSIGNED IN ADVANCE MUST BE TURNED IN THE DAY YOUR CHILD RETURNS FROM HIS/HER ABSENCE. PROJECTS ASSIGNED PRIOR TO THE ABSENCE WHICH ARE DUE WHILE THE STUDENT IS GONE MUST BE GIVEN TO THE TEACHER BEFORE LEAVING. ANY ADDITIONAL WORK WILL BE GIVEN THE DAY OF RETURN AND A DUE DATE WILL BE ASSIGNED BY THE TEACHER.

WE ARE REQUESTING THAT OUR STUDENT/STUDENTS, _____, BE EXCUSED FROM SCHOOL FROM _____ TO _____. WE ASSUME RESPONSIBILITY FOR ALL CLASS ASSIGNMENTS MISSED DURING THE STATED ABSENCE AND UNDERSTAND THAT OUR CHILD IS RESPONSIBLE FOR RETURNING ALL PREVIOUSLY ASSIGNED WORK THE DAY HE/SHE RETURNS TO SCHOOL.

PARENT'S SIGNATURE

PRINCIPAL'S SIGNATURE