

Request for Excused Absence - 2 or more days

(for absences other than illness, unpredictable emergencies, dental or medical appointments, or religious observances)

Prior Principal Approval Required

Student Name: _____ Grade: _____ Teacher: _____

Date(s) of absence: _____ Number of school days gone: _____

E-mail address: _____ Phone: _____

You will be notified per email (phone if no email) of principal's decision

Reason for absence:

Dates of other such requests (during elementary years):

Parents plan to maintain academic skills (Please note: Make-up assignments are not provided in advance. The teacher may require some work to be made-up upon return):

Parent Signature: _____ Relationship to Student: _____

Teacher Review (will be completed by the classroom teacher):

Student is achieving at or above grade level: Yes No

The amount of time may adversely affect academic performance: Yes No

Other comments/concerns:

Principal's Decision: Excused Unexcused

Principal's Signature: _____ Date: _____

This form will be placed in the student's cumulative file