

Request for Excused Absence

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

Principal Approval Required Prior to Absence

Student Name: _____ Grade: _____ Teacher: _____

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

Reason for absence: _____

Dates of other such requests (during elementary years): _____

Tell us what you will do with your child during this time away from school so your child does not fall behind . (Please note: Make-up assignments are not provided in advance. The teacher may require some work to be made-up upon return):

Signature: _____ Relationship to student: _____

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

Student is achieving at or above grade level? Yes No

The amount of time absent may adversely affect academic performance? Yes No

Other comments / concerns: _____

Teacher signature _____

Principal's Decision: Excused Unexcused

Principal's Signature _____ Date: _____