

# REQUEST FOR PREARRANGED ABSENCE ELEMENTARY SCHOOL

## 1. Parent/Guardian

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name (please print name) \_\_\_\_\_ Elementary School \_\_\_\_\_

I request a prearranged absence for my child on the following date(s) \_\_\_\_\_

Please provide details about the reason for this absence:

Medical     Religious Observance     Family Emergency

Other \_\_\_\_\_

Excused absences may include, but are not limited to, the following reasons: illness (including mental health and substance use illnesses), injury, funerals, legal obligations, medical procedures, religious observances, military obligations, deployment-related absences, family emergencies, or other reasons deemed acceptable by the principal.

If the reason for this prearranged absence is different from the above, please indicate the reason for the absence. Parents must plan to arrange for their child to complete make-up work, tests, or projects. If the student's absences are excessive, a parent conference may be required. Students who are absent 15 or more consecutive school days will be withdrawn from enrollment.

I acknowledge that I have reviewed these requirements.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## 2. Teacher

Teacher Name \_\_\_\_\_

Comments:

## 3. Administrator Review

Administrator Name \_\_\_\_\_

Administrator Signature \_\_\_\_\_

Date \_\_\_\_\_