

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 Students who are absent 15 or more consecutive school days will be withdrawn from enrollment.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 _____