



Pre-arranged Absence Notification

A separate request must be completed for each child in the family and turned in at least two (2) weeks prior to anticipated absence.

Name of student _____

Dates of expected absence from _____ returning to school on _____

Reason for request _____

Total Number of absences for the year should **NOT exceed a total of 10, including illness.*

Parent Signature _____

Some of the qualifications we are looking at:

_____ There are no academic concerns regarding absence at this time.

_____ The student is behind and/or has 3 or more missing assignments.

_____ The student has missed a number of school days. Concerns exist regarding attendance.

_____ The student's grades are below average or failing. Serious concerns exist regarding absence at this time.

Teacher Comments:

All missing work will need to be completed and collected from teachers when the student returns to school from vacation.

_____ Total absences including above dates