office staff

Planned absences from school which are not for school-sponsored or medical purposes must be approved in advance by both the parent and school administration. An absence may not be approved if it causes a serious adverse effect on the educational process or if the absence will exceed the number of total absences allotted to the student for the semester. Form must be submitted to the school office no later than 2 weeks prior to the planned absence.

STEP	1 – Complete	the follo	wing info	ormation.			
Stud	ent Name:						
	Absence Date(s)			through _ (Mo/Day/Yr.)			
			(Mo/Day/	Yr.)	(Mo/Day/Y	′r.)	
Brief	ly describe the	purpose	of the al	osence:			
	•					to communicate their approval	
	sapprovai with ary classroom			" grade studel	nts neea on	ly the feedback from their	
riod	Class	Teacher Initial	Approx. Grade	Sem. Absence Total	Approve/ Disapprove	Comments	
WF)							
/Th)							
νF)							
/Th)							
<u>, ,</u>						<u> </u>	
STEP	3 – Submit fo	rm to sch	nool adm	inistration.			
Abse	ence is:	Excused		Unexcused			
Com	ments:						
		·					
	ffice use only:			6 11			
	 □ Decision communicated to student's family □ Decision communicated to teachers and □ Original returned to student's per 						