

Planned Absence Request

Student Name: _____ Grade: _____ Current Date: _____

Please note this form must be submitted to the school prior to the planned absence to be considered for the absences to be excused.

Date(s) of Requested Excused Absence:

I request that my child be excused from school on the dates specified above for the following reasons(s):

This portion is to be completed by the teacher and principal. Once complete a copy of this form will be returned to the parent(s).

Is it likely that this student's absence as requested will have an adverse effect on the student's progress and achievement? Yes No

Teacher Signature: _____ Principal Signature: _____

Absences does Absence does not meet criteria for excused absence
(Excused) (Unexcused)