

SEAVIEW ELEMENTARY REQUEST FOR EXCUSED ABSENCE

~For absences lasting more than two days other than illness, unpredictable emergencies, dental or medical appointments, or religious observances~

❖ *Prior Principal Approval Required*

❖ *Please submit this form to the office two weeks in advance of absence.*

Student Name _____ Grade _____ Teacher _____

Dates of Absence _____ Number of school days gone _____

Reason for absence _____

Parent's plans to maintain academic skills: **(Please note - Make-up assignments are not provided in advance. The teacher may require some work to be made-up upon return)**

Signature _____ Relationship to Student _____

Date _____

Teacher In-put to be shared with parent

Student is achieving at or above grade level? Yes No

The amount of time absent may adversely affect academic performance? Yes No

Other comments/concerns _____

Teacher Signature _____ Date _____

Principal's Decision Excused Unexcused

Principal's Signature _____ Date _____