

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 _____

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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 _____