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____________________________

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________________

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Principal’s Decision Excused Unexcused

Principal’s Signature_______________________ Date________________

This form will be placed in the student’s cumulative file.