

ADVANCED ABSENCE APPROVAL FORM

Arcola Elementary School

Student's Name: _____ Date: _____

Teacher: _____ Grade: _____

Date(s) of Planned Absence: ____/____/____ --- ____/____/____ Total Days: _____

Reason for Absence: _____

All missed work must be completed. The student will have the number of days of the excused absence(s) to make up the work.

Parent/Guardian Signature: _____ Date: _____

Teacher's Signature: _____ Date: _____

TO BE COMPLETED BY PRINCIPAL

Number of Absences Approved this School Year (Limit is 5 per student): _____

___ This request is approved for # _____ EXCUSED absences

___ This request will result in # _____ UNEXCUSED absences.

A student that has an unexcused absence **may not attend any school activity or be on campus on the day or evening of that absence.** Students will not receive credit for work missed due to unexcused absences. Excessive unexcused absences (beyond 5) may be reported to truancy.

Principal's Signature: _____ Date: _____