



Hall-Dale Elementary School

26 Garden Lane, Hallowell, Me. 04347

Kristie Clark, Principal
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Katie Putnam, Administrative Secretary
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“Honesty, Respect, Responsibility”

RSU #2 PLANNED ABSENCE APPLICATION

Student’s Name: _____ Date: _____

Teacher’s Name: _____ Phone: _____

I request that my son/daughter be allowed to be absent from school from: _____ to _____.

- This is necessary because of:
- _____ 1. Personal Illness (long term)
 - _____ 2. Religious Observation
 - _____ 3. Health Related Appointment or Therapy
 - _____ 4. Family Emergency
 - _____ 5. Personal or Educational Purposes

Please explain:

As a parent/guardian, I understand that absence from school disrupts the continuity of instruction, causes a loss of classroom discussion opportunities, and may be reflected in lower class grades. Extra time and effort will be necessary from parents/guardians, teachers and the student to address the above loss of exceptional experience productively.

I also understand that, if the school does not support this request, my son/daughter will be required to make up all work missed.

(parent/guardian signature)

Today’s Date: _____

Subject and Teacher:	Comments:
A. _____	_____
B. _____	_____
C. _____	_____
D. _____	_____
E. _____	_____
F. _____	_____

_____ Approved by Principal
_____ Disapproved by Principal

Principal’s Signature