



CHARLESTON

C U S D N U M B E R O N E

Carl Sandburg Elementary School • www.charleston.k12.il.us

Phone: (217) 639-4000

1924 Reynolds Drive, Charleston, IL 61920

Fax: (217) 639-4005

ANTICIPATED ABSENCE

Please submit this form to the school office at least one day prior to the absence

Today's Date: _____

Child's Teacher: _____

My child, _____, will be absent on the following day(s):

REASON FOR ABSENCE: _____

Anticipated absences for personal convenience, vacations, etc. are not recommended. It is hoped that it will be used minimally. All work missed during an anticipated absence must be completed and submitted to the teacher by _____.

(to be completed by teacher)

Parent's Signature

Teacher's Signature

Principal's Signature

THIS FORM MUST BE COMPLETED 24 HOURS BEFORE THE ABSENCE.

LEARNING AND LEADING EVERY DAY