

Northside Elementary & Coulee Montessori

EXCUSED ABSENCE REQUEST

Student Name(s) _____

Today's Date _____ Grades(s) _____

Teacher(s) _____ Phone # _____

I request an excused absence for my child(ren) for the following dates(s):

Reason: _____

Conditions:

If any of the following conditions are not met, the absence will be considered unexcused.

- My child(ren) and I understand that any schoolwork assigned for the absence period is to be completed in accordance with teacher direction.
- It is the child's responsibility to get the assigned schoolwork from the teacher, complete it, and return it to the teacher after the absence.
- The parent/guardian certifies he/she/they, or another relative/guardian, will be with the student personally during the period of absence.

Parents/Guardians:

You will be notified of Administration's decision. If any exceptional circumstances arise, please consult with the principal.

NOTE: After ten days of absence of any kind, parents are required to present a doctor's note for additional absences to be counted as excused. The principal believes strongly in excellent attendance and will work to make that a priority by informing parents of excessive absences.

Parent/Guardian Signature

Date

SCHOOL OFFICE USE ONLY

Absence Approved: _____

Absence Not Approved: _____

Principal's Initials: _____

Date: _____