

**SUMMIT ELEMENTARY SCHOOL
EXCUSED ABSENCE REQUEST**

Student Name(s) _____

Today's Date _____ Grade(s) _____

Teacher(s) _____ Phone #: _____

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

Reason:

CONDITIONS:

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

- 1) My child(ren) and I understand that any schoolwork assigned for the absence period is to be completed in accordance with teacher direction.
- 2) 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.
- 3) The parent/guardian certifies he/she/they or another relative/guardian will be with the student personally during the period of absence.

Parents may take for granted the absence you've requested is excused unless the principal or his designee contacts you. Building principal or designee will call parents immediately upon receipt of this request if/when there is a question or concern about any absence. If any exceptional circumstances arise, please consult with the principal.

Parent/Guardian Signature

Date

SCHOOL OFFICE USE ONLY

Absence Approved _____ **Absence not Approved** _____

Principal's Initials _____ **Date** _____