

## (Elementary)

## 6530 33rd AVE NW, Olympia WA 98502

"Lifelong learners leading productive, healthy, and responsible lives."

This form must be turned in 3 scho	ol days prior to the date of absence
Student Name:	Grade/Teacher:
Date(s) of planned absence:	
Purpose of Absence(s):	
Parent/Guardian Name(s):	
Parent/Guardian Signature:	Date:
Teacher's Comments:	
Is it likely this student's requested absengrading period?	ce will have an adverse effect on this child's achievement during this
Yes	□ No
Will the teacher provide homework for th	nis extended absence?
Yes	No (work will be collected for your child while they are absent)
Teacher's Signature:	Date:
Office Use Only Current # of: Unexcused absences:  Three school days' prior notice	
This pre-arranged absence will be cou  Vacation Days Requested:  Administration Comments:	nted as: Excused # Unexcused #  Previous Family Excused: Dr. Note Excused:
Administration Signature:	