

REQUEST FOR SPECIAL ABSENCE

◆ Please complete & return to the office 10 days prior to your absence. ◆

Student's Name _____ Student's School Hance Elementary _____
Teacher _____ Grade _____

We realize that there are times when it is necessary for your child to be excused from school attendance for reasons of travel or other urgent family needs. We know you understand that education, especially in an elementary school, requires continuity of instruction, and regular classroom participation, in order for your child to achieve his or her highest level of success. Your child's teacher can best identify the procedure for completion of any units of instruction missed during this time. In accordance with the District Policy, students are granted two weeks after their return to school to complete work. Thank you for your cooperation.

I request special absence because _____.

From _____ to _____. This will be _____ days of absence.

As a parent, I realize it becomes my child's responsibility, with my guidance, to make up class work.

Parent Signature: _____ Date: _____

Administrative Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

This section to be completed by the classroom Teacher.

- Work should be completed during the student's absence:

Comments: _____

- Work should be completed upon returning to school:

Comments: _____

Work Completed: _____
Date Teacher Initial

Date Received by office: _____ • Parent Copy • Student File Copy • Teacher Copy • Office Copy