

EAGLE RIVER ELEMENTARY SCHOOL
PRE-EXCUSED ABSENCE FORM

Student Name _____ Grade/Teacher _____

Dates of Pre-Excused Absence _____

Please submit this form at least one week in advance

Reason for Pre-Excused Absence _____

Good attendance in school plays a major factor in your child's success. If your child should need to be absent from school for an extended time (one week or more) for pre-excused medical or dental appointments or for a pre-excused family trip, please utilize this form as a means of communication between home and school.

I, the parent/guardian of the above named child, request that the listed dates be pre-excused for my child.

Signature of Parent/Guardian _____
Date

- Column I - Student will be allowed to make up work provided that it is accomplished within the time allowed by the teacher.
- Column II - The type of work being done in class requires participation and cannot be made up.
- Column III - I strongly recommend your child not be absent as his/her academic progress cannot afford the lost time.

COURSE	WORK TO BE MADE UP	I	II	III
ENGLISH LANGUAGE ARTS				
MATH				
SCIENCE/ SOCIAL STUDIES				
TECHNOLOGY/ COMPUTERS				
ART				
MUSIC				
PYHSICAL EDUCATION				
OTHER				
OTHER				

TEACHER SIGNATURE _____ DATE _____

PRINCIPAL SIGNATURE _____ DATE _____