

Teacher _____

Advanced Approval for Absences

Arcola Elementary School

Name: _____

Date: _____

My child will be absent beginning ___ / ___ / ___ and will return ___ / ___ / ___

The reason for my child's absence is: _____

All students are responsible for missed work. All work must be completed by the date set by the teacher.

Parent/Guardian Signature

Teacher's Signature

To be completed by the principal.

Number of absences approved this year: _____ (Student is limited to 5)

_____ **Excused Absence** (Student will be given credit for make-up work.)

_____ **Unexcused Absence** (Student will not receive credit for make-up work.)

Principal's Signature: _____

Date: _____