Monroe Elementary School 10901 27<sup>th</sup> Ave SE Everett, WA 98208 Attendance Office: (425) 385-7305 FAX: (425) 385-7302

Student #1 Name:		
Student ID #:		
Student #3 Name: Student ID #:	Student #4 Name:	
Grade:		
Elementary Prearra	nged Absence	Form
Families should not schedule vacations or travel or travel must occur while school is in session, it the absence and approved by the principal (or de-	must be prearranged p	
Pursuant to district Procedure 3122P, the princi school days for a prearranged absence per stude		scuse up to five (5)
Assignments requested for a prearranged absen- parent/guardian if requested five (5) school day learning activities/opportunities can be reprodu	s prior to the absence. <b>P</b>	<b>lease note:</b> Not all
Reason for absence:		
Date(s) of planned absence:		
Student #1 Teacher's name:		
Student #2 Teacher's name:		
Student #3 Teacher's name:		
Student #4 Teacher's name:		
PARENTS		
I have met/communicated with my student's tea ways for my student(s) to complete requested as affect my student's learning and being prepared	ssignments. I am aware t	
Parent/guardian signature	Date	Phone
Administrator signature	Date	Number of days excused
****OFFICE U	JSE ONLY****	
Verified by:	Date:	

 $\square$  In person

☐ Email

☐ Phone/Fax