

Silver Lake Elementary
12815 Bothell-Everett Highway, Everett, WA 98208
Attendance Office: 425-385-6905
FAX: 425-385-6902

Elementary Prearranged Absence Form

INSTRUCTIONS FOR PARENTS:

Please complete the below information and return to your student's teacher.

Families should not schedule vacations or travel while school is in session. If a family vacation or travel must occur while school is in session, it must be prearranged prior to the first date of the absence and approved by the principal (or designee).

Pursuant to district Procedure 3122P, the principal (or designee) may excuse up to five (5) school days for a prearranged absence per student each school year.

Assignments requested for a prearranged absence will be provided to the student or parent/guardian if requested five (5) school days prior to the absence. **Please note:** Not all learning activities/opportunities can be reproduced outside of the classroom.

Student #1 Name: _____ Student ID #: _____ Teacher/Grade: _____	Student #2 Name: _____ Student ID #: _____ Teacher/Grade: _____
Student #3 Name: _____ Student ID #: _____ Teacher/Grade: _____	Student #4 Name: _____ Student ID #: _____ Teacher/Grade: _____

Date(s) of Planned Absence: _____

Total Missed School Days: _____

Reason for absence:

- Vacation
- Family Emergency
- Family Event (wedding, cultural event)
- Other _____

PARENTS

I have met/communicated with my student's teacher(s) regarding this planned absence and ways for my student(s) to complete requested assignments. I am aware that this absence may affect my student's learning and being prepared for the next grade.

Parent/guardian signature

Date

Phone

*****SCHOOL USE ONLY*****

Student Name: _____

Date(s) of Planned Absence: _____ = School Days Impacted _____

Total Number of Days Absent 2017-18 SY: _____

To be completed by Teacher: (after completed, please return to Office Assistant)

Estimated impact on academic performance? <input type="checkbox"/> NONE <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH Other comments: _____ _____	
_____ Teacher signature	_____ Date

To be completed by Administrator:

Number of Days Excused: _____ Number of Days Unexcused: _____	
_____ Administrator Signature	_____ Date