

## **Madison Elementary School** 616 Pecks Dr, Everett WA 98203

616 Pecks Dr, Everett WA 98203 Phone: 425-385-5900 • Fax: 425-385-5902



Jessica Corneille, Principal

Sharon Hallinan, Assistant Principal

Student #1 Name:  Student ID #:  Grade:	Student ID #:	
Student ID #:	Student ID #:	
Grade:	Grade:	
Elementary Pre	arranged Absence Form	
	el while school is in session. If a family vacation o be prearranged prior to the first date of the absenc	
Pursuant to district Procedure 3122P, the prin a prearranged absence per student each school	cipal (or designee) may excuse up to five (5) school year.	ol days for
	nce will be provided to the student or parent/guar nce. <b>Please note:</b> Not all learning activities/opp	
Reason for absence:		
Data(a) of planned absonace		
Pate(s) of planned absence:		
Student #1 Teacher's name:		
Student #1 Teacher's name:Student #2 Teacher's name:		
Student #1 Teacher's name:  Student #2 Teacher's name:  Student #3 Teacher's name:		
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  have met/communicated with my student's	eacher(s) regarding this planned absence and way . I am aware that this absence may affect my stude	/s for my ent's
Student #1 Teacher's name:  Student #2 Teacher's name:  Student #3 Teacher's name:  Student #4 Teacher's name:  PARENTS  Shave met/communicated with my student's student(s) to complete requested assignments	eacher(s) regarding this planned absence and way . I am aware that this absence may affect my stude	ent's
Student #1 Teacher's name:  Student #2 Teacher's name:  Student #3 Teacher's name:  Student #4 Teacher's name:  PARENTS  Thave met/communicated with my student's student(s) to complete requested assignments earning and being prepared for the next grad	eacher(s) regarding this planned absence and way . I am aware that this absence may affect my stude e.	ent's
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 student(s) to complete requested assignments earning and being prepared for the next grad  Parent/guardian signature  Administrator signature	eacher(s) regarding this planned absence and way. I am aware that this absence may affect my stude.  Date Phone  Date Number of day	ent's
Student #1 Teacher's name:  Student #2 Teacher's name:  Student #3 Teacher's name:  Student #4 Teacher's name:  PARENTS  Thave met/communicated with my student's student(s) to complete requested assignments earning and being prepared for the next grad  Parent/guardian signature  Administrator signature	eacher(s) regarding this planned absence and way. I am aware that this absence may affect my studes.  Date Phone Date Number of day	ent's