## **Jefferson Elementary School**

2500 Cadet Way, Everett, WA 98208 Attendance Office Email: <u>JFEAttendance@everettsd.org</u> Attendance Office: 425.385.7405

Student #1 Name: Student #		2 Name:	
Student ID #:	Student ID #:		
Grade:	Grade:	Grade:	
Teacher:	Teacher:		
Student #3 Name:	Student #4 Name	Student ID #: Grade:	
Student ID #:	Student ID #:		
Grade:	Grade:		
Teacher:	Teacher:		
Jefferson Element	ary - Prearranged A	bsence Form	
Camilies should not schedule vacations or nust occur while school is in session, it mapproved by the principal (or designee).			
Pursuant to district Procedure 3122P, the prearranged absence per student each sch		se up to five (5) school days fo	
assignments requested for a prearranged a equested five (5) school days prior to the an be reproduced outside of the classroor	absence. <b>Please note:</b> Not all le		
Reason for absence:			
		Total Day (s)	
Date(s) of planned absence:		Requested:	
Return to school date:			
PARENTS			
I have met/communicated with my s ways for my student(s) to complete r affect my student's learning and bein	equested assignments. I am awar		
Parent/guardian signature	Date	Phone	

# of Days EXCUSED # of Days UNEXCUSED \_\_\_\_

Verified by: \_\_

☐ Phone/Fax