

PLANNED ABSENCE

School District of Reedsburg Elementary Level Schools

Submit this request to the Principal in advance of your requested absence dates.
Complete a form for each child involved.

Student _____ Grade _____ Teacher _____

Dates of Absence _____

Reason for request _____

Parent/Guardian Signature _____ Date _____

1. Parent:

_____ Seen by Office Staff

Complete the top portion, original is returned to the Office, first. The office will record the planned absences, the Principal will sign the form, the original will be given to the classroom teacher.

Principal's Signature _____ **Date** _____

2. Teacher:

Complete the "**Assignments**" section, make one copy for the student, attach it to the homework, and send home with student.

Student is to complete the assignments shown below. Assignments are due as shown in each section.

Assignments:

Teacher's signature/initials _____ **Date** _____