ECKSTEIN MIDDLE SCHOOL

REQUEST FOR PRE-PLANNED EXCUSE ABSENCE FORM

NOTE: This fully completed form must be submitted to the Attendance <u>office at least **three (3)**</u> <u>school days before the start of the planned absence</u>. **For multiple siblings** complete and submit a separate form for each student.

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Student Name:					ID#:				
(First) (La Date(s) of Absence(s):	nst)	Grade:							
Reason for Absence: (check one):									
Medical (student has a medical/dental	appointment	or other p	ore-planne	d medical	situation				
Family event (funeral, religious holid	ay, etc. Up to	5 days ex	cused if e	vent is ou	t of state)				
	tion if the sture of failing and mand Vacation	dent com ny of thei on Sign-of	pletes the r classes. f	e form be	low prior				
To Be Completed by Student's	s Teachers B	EFORE 1	Parent/G	uardian S	Signs	1			
Γeachers : Initial in appropriate space	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6			
Will need to make up work									
Will not need to make up work									
Will adversely affect class progress and work CANNOT be made up									
SHOULD NOT miss class (student in danger of failing class)									
I have read the above and am aware of the testudent's class progress. I understand that test		_	_			-			
► Parent/Guardian Signature:		DATE:							
Daytime Phone:	Eve	Evening Phone:							
The absence for this trip will be [] EXC	CUSED []	UNEXC	CUSED						
Authorized Signature:		Date:							