ECKSTEIN MIDDLE SCHOOL
REQUEST FOR PRE-PLANNED EXCUSE ABSENCE FORM

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

Student Name: ___________________________ ID#: ___________________________
(First) (Last)
Date(s) of Absence(s): ___________________________ Grade: __________

Reason for Absence: (check one):

_____ Medical (student has a medical/dental appointment or other pre-planned medical situation.

_____ Family event (funeral, religious holiday, etc. Up to 5 days excused if event is out of state)

_____ Vacation – District policy states that vacations are unexcused and will result in an unexcused absence. However, we will excuse the vacation if the student completes the form below prior to the absence and the student is NOT in danger of failing any of their classes.

Pre-Planned Vacation Sign-off
To Be Completed by Student’s Teachers BEFORE Parent/Guardian Signs

<table>
<thead>
<tr>
<th>Teachers: Initial in appropriate space</th>
<th>Period 1</th>
<th>Period 2</th>
<th>Period 3</th>
<th>Period 4</th>
<th>Period 5</th>
<th>Period 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will need to make up work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will not need to make up work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will adversely affect class progress and work <strong>CANNOT</strong> be made up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SHOULD NOT</strong> miss class (student in danger of failing class)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have read the above and am aware of the teachers’ comments regarding the effect of this absence on my student’s class progress. I understand that teachers’ initials **DO NOT** mean the absence is approved.

▶Parent/Guardian Signature: ___________________________ DATE: ___________________________

Daytime Phone: ___________________________ Evening Phone: ___________________________

The absence for this trip will be [ ] **EXCUSED** [ ] **UNEXCUSED**

Authorized Signature: ___________________________ Date: ___________________________

Rev. 8/20/15