Daniel Bagley Elementary
Pre-Planned Absence Form

Note: Please complete this form and return to office at least three school days before the start of the planned absence.

Student Name _________________________________  Teacher __________________  Grade _____

Student Name _________________________________  Teacher __________________  Grade _____

Dates of absence ______________________________________________________________________

Reason for absence: (Please check one)

_____ Medical: Absence is due to personal illness/injury or medical/dental procedure.

_____ Funeral: Family emergency ________________________________________________

_____ Vacation: _______________________________________________________________
   (District policy states that vacations are unexcused)

_____ Other: _____________________________________________________________________

We do require your child to complete missed assignments. It is up to the parent/guardian to make sure you receive the classroom work from the teacher and have your child complete it.

Parent/Guardian Signature ___________________________________________  Date ______________

For more information about student absences, go to: http://www.seattleschools.org/attendance

Above absence is:

_____ Excused

_____ Unexcused

Principal Signature ________________________________  Date ______________