Edgemont Elementary Pre-Approved Absence Request

Parents, please complete this request before the scheduled absence. Please complete a request for each child.

Your school’s administrator’s signature is required on this form for it to be complete.

Submitting this request does not guarantee that your child will be excused; however, your child will be marked as excused on the school’s attendance records if permission is granted. Thank you for supporting the district’s attendance program.

Child(ren) to be excused:

_____________________ Grade: ______ (Please check if applicable) 504 Plan ___ IEP ___
_____________________ Grade: ______ (Please check if applicable) 504 Plan ___ IEP ___
_____________________ Grade: ______ (Please check if applicable) 504 Plan ___ IEP ___

Dates of absences: Starting ____________________ to ____________________

Home or Cell number ____________________________

Reason for Absence: _____________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Administrator’s Notes: __________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Approved ____________________ Disapproved ____________________

Administrator’s Signature Date Guardian’s Signature Date