

Decatur Elementary School

Pre-Planned Absence Form

Note: *If your student will be absent two or more days, you must submit this form to the office at least three (3) school days **before the start of the planned absence**. If the reason for absence is different for multiple siblings, please complete a separate form for each student.*

Student Name: _____ Teacher/Room: _____

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Dates of Absences: _____

Reason for Absence: (Please check one)

_____ **Family Vacation:** **Family vacations are NOT excused.** Students will be marked unexcused vacation for the duration of the vacation. Teachers are not expected to create homework packets.

I understand that this is an UNEXCUSED absence.

Parent Signature _____

Printed Name _____ Date _____

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_____ **Medical:** Student has a medical condition that will prevent them from attending school for two or more days.

_____ **Family Event:** Family emergency/funeral or religious holiday.

Description: _____

Parent Signature _____

Printed Name _____ Date _____

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The absences for this trip will be: _____ Excused _____ Unexcused

Administrator Signature _____ Date _____