

# Viewlands Elementary School

## Planned Absence Form

**Note:** This form must be submitted to the Office Assistant at least three (3) school days before the start of the planned absence. Please complete a separate form for each student.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Room \_\_\_\_\_

Dates of absences: \_\_\_\_\_

**Reason for Absence: (Please check one)**

\_\_\_\_\_ **Medical:** Student has a medical/dental appointment or other pre-planned medical situation. Plan for excused absence is not required.

\_\_\_\_\_ **Family Event:** Funerals or religious holidays. Up to 5 days excused if the event is out of state. Plan for excused absence is not required

\_\_\_\_\_ **Family Vacation:**  
**(No educational plan)** Family Vacations are not excused. Students will be marked Unexcused Vacation for the duration of the absence.

I understand that this is an unexcused absence. \_\_\_\_\_ (parent initial)

\_\_\_\_\_ **Family Vacation with Educational Plan is an Excused Vacation**  
**(Fill-out form on back)** To be excused, a plan must be made prior to departure for how the trip is educational and how the student will report on what they learned during the trip. The plan also must include information about when and how missed class work or assignments will be completed and turned in.

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**Please return this form to the Office Assistant in the Main Office.**

I request that my child's educational trip be excused. An educational Plan for his/her absence is attached.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

The absences for this trip will be  Excused  Unexcused

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

# Plan for Excused Vacation or Educational Trip

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents: Please use this form to create an educational plan for the above student to request that absences from school for an educational trip be excused:

Proposed Educational Activities	Grade-Appropriate Evidence of Learning
<b>School work/assignments to be completed</b>	<b>Schedule of completion (How work will be completed and when it will be turned in)</b>
Math	
Reading	
Science	
Social Studies	
Other Subjects	

**We agree to this Educational Plan.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

.....  
**The Educational Plan for this student is  Sufficient  Insufficient.**

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_