

CONTEMPLATED ABSENCE FORM

FOR SCHOOL SPONSORED TRIP (Turn in to sponsoring teacher one week before the trip)

Student's Name _____ ID# _____

Date of Contemplated Absence _____ Date Issued _____

Name of Sponsoring Teacher _____ Trip Destination _____

Objective (s) of the Trip _____

FOR NON SCHOOL SPONSORED ABSENCE

(Student absence requests should be submitted to the attendance office one week in advance of the planned absence. The request should be made on this form, and the Principal will consider it for possible approval.)

When at all possible, family trips should be planned so as to not interfere with a student's school attendance and education. If this cannot be arranged and students must be absent from school for the purpose of a family trip, a student will only be excused for a maximum of ten (10) days per school year.

It will not be possible for all the missed schoolwork to be prepared ahead of time. Some work may be very difficult to complete outside of the classroom. The teacher will inform you of any homework that needs to be completed during the missed school days. If homework is provided ahead of time, it is expected that the work be completed and turned in when the student returns to school.

I request that (Student's Name) _____ ID# _____
be excused from attendance at school on the following dates for a family vacation.

Date of Contemplated Absence _____ Date Issued _____

Reason for Absence _____

The teachers from whose classes this person will be absent are asked to specify the assignments that are required and sign their names. **Teachers may require work to be completed prior to absence.**

<u>Hour</u>	<u>Assignments</u>	<u>Signatures</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

Teachers: Please indicate below if there is some reason this student should not be excused.

To be filled out by teacher (Please check all that apply):

_____ Student is likely to maintain progress even with missed days in the following class hours:
___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8

_____ Student may struggle with caps created by missed instruction in the following class hours:
___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8

_____ Student has difficulty whenever a day is missed in the following class hours:
___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8

MUST BE SIGNED BY PARENT OR GUARDIAN:

(Parent/Guardian Signature)

(Date)

To Be Filled Out By Office:

Days of Absence: Current Year Last Year
 IL ___ VA ___ IL ___ VA ___

_____ District or state testing will occur during requested absence.

Test Title: _____

_____ Absence approved.

_____ Absence approved with reservations due to previous absences.

_____ Absence approved with reservations about missed learning.

_____ Absence not approved.

(Principal's Signature)

(Date)