## ISSAQUAH SCHOOL DISTRICT #411 HIGH SCHOOL/MIDDLE SCHOOL PARENT INITIATED PRE-ARRANGED ABSENCE REQUEST FOR ABSENCES OF 3-20 DAYS

To be completed by the office:										
Student #: Revi	Reviewed by:					Approval Date:				
Pre-Arranged Absences Pre-arranged absences are absences whice 1. Circulate this form among his/how the proposed absence. 2. Have the parent/guardian sign to the attendar sign t	his form.  the office at least 1 week processed for evaluating the effect of credit policy.  The parents of the process of credit policy.  The office at least 1 week processed for evaluating the effect of the policy.  The office of the office of the office of the policy.	orior to the absert of the abs	ndicate to the absenace will not absen	ce. not be excense on the	tent the scused accepted the studen	ording to	grade wi	Il be affect rict criteri ss, and his	a. s/her	
Student Name:	Grade:				Today's Date:					
		Periods 1 2 3 4 5 6 7						6 7 8:		
Reason for Absence(s)										
Section 2 – To be completed by Teachers	s – BEFORE PARENT/G	UARDIA	N SIGN	ATURE I	N SECTI	ON 3:	_	1		
<b>TEACHERS:</b> Initial Appropriate Space	ces	1	2	3	4	5	6	7	8	
Students must make up work.										
Absence could adversely affect academ	nic progress.									
Student need not make up work.										
Section 3 – To be signed by Parent/Guan  I have read the above, and I am aware progress. It is my student's responsibi	of the teachers' commen	ts regard	ling the e						ic	
Signature o	f Parent/Guardian			_			Date	_		
Printed Name	e of Parent/Guardian			_						
Office Use:Absence Excused	Absence Not Excused	Reasor	າ							
ncipal or Designee's Signature THIS FORM MUST BE RETURNEI				<b></b>		Dat				

Parent Absence Request combined 6/9/2017

## ISSAQUAH SCHOOL DISTRICT #411 HIGH SCHOOL/MIDDLE SCHOOL

## PARENT INITIATED PRE-ARRANGED ABSENCE REQUEST FOR ABSENCES, GREATER THAN 20 DAYS

Per RCW 28A.225.010, Students who are requesting to be excused for an absence for greater than 20 days must have a signed agreement between parent/guardian and school principal that the absence will not cause a serious adverse effect upon the student's educational progress.

To be completed by the o	ffice:											
Student #:	Reviewed by:				Approval Date:							
<ol> <li>Circulate this for the proposed ab</li> <li>Have the parent</li> <li>Return this form</li> <li>The attendance</li> <li>Parents and study standing with the</li> <li>The principal or student's education</li> </ol>	e absences which are evaluated in advarm among his/her teachers who will sign sence.  /guardian sign this form.  In to the attendance office at least 1 weel office with notify the parents/student it lents are responsible for evaluating the e attendance/loss of credit policy.  The designee may only grant permission for the state of the state	gn it and i	ndicate to the absennce will not the absen	ce. ot be exce(s) on	ctent the s cused according to the studer	tudent's ording to nts' grad	grade will the Distre, progress	Il be affect rict criteri ss, and his	a. s/her			
Student Name:	audent Name: Grade:					Today's Date:						
*If student does not return	on date specified, the student will be with	ndrawn wh	ich includ	es class p	acement		2 3 4 5	6 7 8:				
Section 2 – To be comple TEACHERS: Initial A	ted by Teachers – BEFORE PARENT/ ppropriate Spaces				N SECTI	ON 3:	6	7	8			
Students must make up	** * *				-				-			
	y affect academic progress.											
Student need not make	up work.											
I have read the above,	by Parent/Guardian after section 2 had and I am aware of the teachers' comment's responsibility to make up all assignature of Parent/Guardian  Printed Name of Parent/Guardian	ents regard	ling the e			ers' class			ic			
Office Use:Absence Excused tot approved, date stu	Absence Not Excused											
ncipal or Designee's Si						 Dat	<u> </u>					

THIS FORM MUST BE RETURNED TO THE ATTENDANCE OFFICE AT LEAST 1 WEEK PRIOR TO THE ABSENCE