



# Pre-Arranged Absence Form

Please submit this form to the school office at least one week prior to the absence.  
Complete one form for each student.

Student last name \_\_\_\_\_ Student first name \_\_\_\_\_ MI \_\_\_\_\_

Teacher \_\_\_\_\_ Student grade level \_\_\_\_\_

## ASD Attendance Policy \_\_\_\_\_

A student may be excused for temporary absences when receiving satisfactory evidence of illness or other acceptable reasons. The following conditions may result in an excused absence from school:

- 1. Illness,
- 2. Death or serious illness in the immediate family,
- 3. Participating in a school function,
- 4. Attendance at a religious service, or
- 5. Extenuating circumstances approved by the principal.

An absence may be coded unexcused if the student demonstrates or is at risk of chronic absenteeism or is below academic proficiency. Chronic absence is missing 10 percent or more of school for any reason.

## Pre-planned absence \_\_\_\_\_

My child will be absent from \_\_\_\_\_ to \_\_\_\_\_. Number of school days missed: \_\_\_\_\_

**I acknowledge these absences may impact my child's academic and/or social progress.**

Reason:

Parent/guardian name \_\_\_\_\_ *email:* \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Contact phone number \_\_\_\_\_

## To be filled out by principal \_\_\_\_\_

This absence will be coded as \_\_\_\_\_ excused \_\_\_\_\_ unexcused.

Student absences this semester, including this absence: \_\_\_\_\_.

Principal comments:

Principal signature \_\_\_\_\_ Date \_\_\_\_\_

A copy of the completed form with the principal's signature will be provided to the parent/guardian.

## Make up work \_\_\_\_\_

When a family knows in advance their child will be absent from school for five or more days, a separate class work make-up request may be made through the school office.

*OVER*



## Bayshore Elementary Make-Up Work Request Form (For absences other than illness)

**STEP 1: Complete the following and return to office at least one week prior to absence.**

Name: \_\_\_\_\_ Grade: \_\_\_\_ Teacher: \_\_\_\_\_  
Dates of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_ # Days: \_\_\_\_\_  
Reason for Absence: \_\_\_\_\_

- I understand that I am responsible for the content my child will miss during the absence as it will not be retaught by the classroom teacher.
- I understand that assignments missed during the absence will not be collected or graded.
- I understand that assignments will be marked in Zangle as “Excused from Task” and will not be counted in his/her grade.
- I understand that my child is responsible for math tests missed during the absence. Math tests will be made up upon return to school.
- I understand that my child is responsible for long-term projects and long-term assignments. Due dates may be modified by the teacher.
- I understand that I can monitor classroom assignments during the absence by signing up for daily Zangle updates. *(Kindergarten information is not posted on Zangle.)*

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 2: To be completed by teacher.** *(The front office will email this back to the above parent after your child’s teacher fills this out.)*

### **Math**

Pages we anticipate covering: \_\_\_\_\_

### **Reading**

Students should read a minimum of 20 minutes per day. Parents will provide reading materials at their child’s reading level.

### **Writing**

Students should keep a writing journal and write in it daily. Parents will provide writing materials, prompts, etc.

### **Long-term Project/Assignment**

- None
- Complete the following: \_\_\_\_\_ Due date: \_\_\_\_\_

*For students with absences due to illness, please see classroom teacher for missing work. Students will have one day of make-up for each day absence due to illness, per ASD policy.*