

201 South 7<sup>th</sup> St.  
St. Charles, IL 60174  
Phone: (331) 228-2000



## ELEMENTARY SCHOOL PREARRANGED ABSENCE FORM

Students must apply for the privilege of using prearranged absence days through the **principal's office**. This completed form must be turned in at least (2) school days prior to the requested absence.

The building principal or designee has the authority to grant up to (5) days of excused absence per year for the following types of absences:

- Participation in regional and/or national contests or awards
- Family vacation—qualified by the phrase “accompanied by parent”
- Special religious events

NAME OF STUDENT: \_\_\_\_\_ Date: \_\_\_\_\_

Classroom Teachers Name: \_\_\_\_\_

Date(s) of requested absence(s): \_\_\_\_\_

Reason for absence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a parent/guardian of the student named above, I understand my child's teacher is not responsible for preparing assignments in advance of any prearranged absence. As daily instruction cannot be replicated, I understand certain tasks as well as some assessments cannot be made-up. I agree my child will complete any work that can be made up upon their return from the prearranged absence. I also understand absences from school could affect the academic achievement of my son/daughter.

PARENT SIGNATURE: \_\_\_\_\_

**PREARRANGED (EXCUSED) ABSENCES SHALL BE LIMITED TO FIVE (5) PER YEAR.**  
**If you aren't contacted within 24 hours this absence has been approved.**

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### FOR OFFICE USE ONLY

# OF PREARRANGED ABSENCES TO DATE: \_\_\_\_\_

# OF ABSENCES TO DATE: \_\_\_\_\_

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

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_