

JEFFERY ELEMENTARY SCHOOL
Kenosha Wisconsin

REQUEST FOR PRE-ARRANGED ABSENCE

All forms must be submitted at least one week in advance of the anticipated date of absence for consideration.

Name of Student _____ Room No. _____

Permission is requested to be absent the following date(s):

Beginning Date: _____ Ending Date: _____

Return Date to School: _____

Reason for request: _____

Parent/Guardian Signature: _____ Date: _____

Parent E-Mail: _____ (Approved/Denied request will be E-mailed)

TO BE COMPLETED BY SCHOOL STAFF

Teacher Recommendation:

Student: _____

_____ Above average academic progress at this time. Absence acceptable with all missing work or modified assignments to be made up as per teacher directives.

_____ Average academic progress at this time. Absence acceptable with all missing work or modified assignments to be made up as per teacher directives.

_____ Academic concerns and/or incomplete work at this time. Absence acceptable only under the following conditions.

_____ Serious academic concerns. Recommend denial of request.

PERMISSION GRANTED _____ **DENIED** _____

Teacher _____

Principal _____ Date: _____