

**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: \_\_\_\_\_