ISSAQUAH SCHOOL DISTRICT 411

SCHOOL NAME HERE

REQUEST FOR ELEMENTARY STUDENT ABSENCE GREATER THAN 20 DAYS

Please complete and turn in to the school office at least one week prior to the start of the scheduled absence dates.
If the absence is not pre-approved, the student will be withdrawn from enrollment after 20 days of absence.

Date: _____

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.

RCW 28A.225.010
Attendance mandatory – Age – Exceptions
….all parents in the state…shall cause such child to attend the public school of the district in which the child resides and such a child shall have the responsibility to and therefore shall attend for the full time when such school may be in session unless:
…..the child has been temporarily excused upon the request of his or her parents for the purposes agreed upon by the school authorities and the parent: PROVIDED that such excused absences shall not be permitted if deemed to cause a serious adverse effect upon the student's educational progress…
ISSAQUAH SCHOOL DISTRICT REGULATION: Excused and Unexcused Absences – 3122P
Pre-arranged absences are absences which are evaluated in advance…..The parent shall sign the form and return it to the Attendance Office one week prior to the absence. The Attendance Office will notify the parents/student if the absence will be excused according to Regulation criteria. In addition, major extenuating circumstances may allow an administrator to excuse an absence through this pre-arrangement process……An absence shall not be approved if it causes a serious adverse effect on the student's educational progress

Student Name(s)	Grade	Teacher Name	(Office Use only) Prior Attendance

Begin date of absence: _____ *Date student will return: _____

*If student does not return on this date, the student will be withdrawn which includes class placement.

Reason for Absence: _____

_____ _____ _____
Print Parent/Guardian name Email Phone

_____ _____ _____
Address City Zip

_____ _____
Parent/Guardian Signature Date

For Office Use:

_____ Absence Excused _____Absence Not Excused-Reason _____

If not approved, date student will be withdrawn (20th day of absence): _____

_____ _____
Principal or Designee's Signature Date

☐ **Conference Required: ____ Yes ____ No**

Your student's school will be contacting you to schedule a conference at a mutually agreeable, reasonable time with at least one District employee, to identify the barriers and supports available to you and your student related to this absence.