

**ISSAQUAH SCHOOL DISTRICT #411
HIGH SCHOOL/MIDDLE SCHOOL
PARENT INITIATED PRE-ARRANGED ABSENCE REQUEST
FOR ABSENCES, GREATER THAN 20 DAYS**

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.

To be completed by the office:		
Student #: _____	Reviewed by: _____	Approval Date: _____

Pre-Arranged Absences

Pre-arranged absences are absences which are evaluated in advance. To obtain a pre-arranged absence, the student must:

1. Circulate this form among his/her teachers who will sign it and indicate to what extent the student's grade will be affected by the proposed absence.
2. Have the parent/guardian sign this form.
3. Return this form to the attendance office at least 1 week prior to the absence.
4. The attendance office will notify the parents/student if the absence will not be excused according to the District criteria.
5. Parents and students are responsible for evaluating the effect of the absence(s) on the students' grade, progress, and his/her standing with the attendance/loss of credit policy.
6. The principal or designee may only grant permission for a student's absence providing such absence does not adversely affect the student's educational process.

Section 1 – To be completed by Student or Parent/Guardian

Student Name: _____ Grade: _____ Today's Date: _____

*Date(s) of Absence(s) _____ Periods 1 2 3 4 5 6 7 8 :

*If student does not return on date specified, the student will be withdrawn which includes class placement

Reason for Absence(s) _____

Section 2 – To be completed by Teachers – BEFORE PARENT/GUARDIAN SIGNATURE IN SECTION 3:

TEACHERS: Initial Appropriate Spaces	1	2	3	4	5	6	7	8
Students must make up work.								
Absence could adversely affect academic progress.								
Student need not make up work.								

Section 3 – To be signed by Parent/Guardian after section 2 has been completed:

I have read the above, and I am aware of the teachers' comments regarding the effect of this absence on my student's academic progress. It is my student's responsibility to make up all assigned work according to his/her teachers' classroom guidelines.	
_____ Signature of Parent/Guardian	_____ Date
_____ Printed Name of Parent/Guardian	

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**

THIS FORM MUST BE RETURNED TO THE ATTENDANCE OFFICE AT LEAST 1 WEEK PRIOR TO THE ABSENCE