ISSAQUAH SCHOOL DISTRICT #411
HIGH SCHOOL/MIDDLE SCHOOL
PARENT INITIATED PRE-ARRANGED ABSENCE REQUEST
FOR ABSENCES OF 1-20 DAYS

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 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:

Reason for Absence(s) ______________________________________________________________________________

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

<table>
<thead>
<tr>
<th>TEACHERS: Initial Appropriate Spaces</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>5</th>
<th>6</th>
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<th>8</th>
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<tbody>
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<td>Students must make up work.</td>
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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

Principal or Designee’s Signature  ____________

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

**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 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**

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<th>Student Name:_________________________</th>
<th>Grade: ____________</th>
<th>Today’s Date: ____________</th>
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</table>

*Date(s) of Absence(s)_____________________________________________*

*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:**

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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**