

**Alki Elementary School  
Planned Absence Form**

**Note:** This form must be submitted to the principal at least three (3) days prior to the start of the planned absence. Please complete a separate form for each student.

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Room #:** \_\_\_\_\_

**Date of Absence:** \_\_\_\_\_

**Reason for Absence (Please check one)**

- Medical.** Student has a medical/dental appointment or other pre-planned medical situation and will be out for a full day.
- Funeral or Religious Holiday.** Up to 5 days excused if the event is out of state.
- Family Vacation.** Family vacations are **not** excused. Students will be marked Unexcused Vacation for the duration of the absence.

**I understand that this is an unexcused absence.** \_\_\_\_\_ **(Parent initials)**

Parent **PRINTED** Name: \_\_\_\_\_

Parent **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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- Educational Trip.** To be excused, a plan must be made prior to departure for how the trip is educational and how the student will report on what they learned during the trip. The plan also must include information about when and how missed class work or assignments will be completed and turned in. Please see the reverse side of this form for details.

**If you marked Educational Trip, please return this form only after both sides of form are filled out and have been approved and signed by the teacher at least 7 days prior to absence.**

**I request that my child's educational trip be excused.**

Parent **PRINTED** Name: \_\_\_\_\_

Parent **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Teacher **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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The absences for this trip will be:    Excused    Unexcused

Principal Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

## Plan for Excused Vacation or Educational Trip

**Student Name:** \_\_\_\_\_ **Teacher/Room #:** \_\_\_\_\_

Parents: Please use this form to create an educational plan for the above student to request that absences from school for an educational trip be excused.

Proposed Educational Activities	Grade Appropriate Evidence of Learning

Subject	School work/assignments to be completed	Schedule of completion (how work will be completed and when it will be turned in)
<b>Math</b>		
<b>Reading</b>		
<b>Science</b>		
<b>Social Studies</b>		
<b>Other Subjects</b>		

**We agree to this Educational Plan.**

Parent **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Teacher **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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The educational Plan for this student is:     Sufficient     Insufficient

Principal Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_