

Cascadia Elementary School
Pre-Planned Absence Form

Note: *If your student will be absent **two or more days**, you must submit this form to the office at least three (3) school days **before the start of the planned absence**. If the reason for absence is different for multiple siblings, please complete a separate form for each student.*

Student Name: _____ Teacher/Room #: _____

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Dates of Absences: _____

Reason for Absence: (Please check one)

_____ **Family Vacation:** **Family vacations are NOT excused.** Students will be marked unexcused vacation for the duration of the vacation.

I understand that this is an UNEXCUSED absence.

Parent Signature _____

Printed Name _____ Date _____

_____ **Medical:** Student has a medical/dental appointment or other pre-planned medical situation for two or more days.

_____ **Family Event:** Funerals, religious holidays or other special one-time events. Up to 5 days excused if the event is out of state.

Description: _____

Parent Signature _____

Printed Name _____ Date _____

The absences for this trip will be: Excused Unexcused

Administrator Signature _____ Date _____