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 ______________