

Parent: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student Name(s):

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Reason for absence: \_\_\_\_\_ Please circle one: Anticipated/unanticipated

Dates of absence: \_\_\_\_\_ to \_\_\_\_\_

Please circle all teachers that need to be notified:

Mr. McElroy	Mrs. Pollmeier	Mrs. Purnell	Mrs. Queen	Mrs. Shockley	Ms. Thorp	Mr. Wheelock
Mrs. Bentley	Mr. Bentley	Ms. Brawner	Mrs. Cashman	Mrs. Chute	Mrs. Collins	Mrs. Woodward
Mrs. Coyne	Mrs. Davis	Mrs. Dellies	Mrs. Draheim	Mrs. Fink	Mr. Hobbs	Mrs. Hobbs

**NOTE: If anticipated please submit this form at least two weeks prior. Teachers need time to prepare assignments for your child(ren). It is important that your student(s) keep up with their schoolwork while on vacation so that they are not behind when they return. For all anticipated absences all work missed is due the first day returned. As a reminder students are allowed 15 unexcused absences or twenty absences of any combination can cause a student to be considered for retention within a grade level, failure of a course, demanded ancillary tutoring, demand non-traditional timed schooling, or demand other administrative recommendation. Please refer to your Student Handbook for more information.**

How many absences will this bring your student to: \_\_\_\_\_

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

Continued on back for office use.

**Step 1. SCA Office Staff:** Please note absences in FACTS SIS. If there is more than one child in the family, make a copy of this form for each student that will be absent and give it to their teachers. If a student has more than one teacher, please list the teachers under the office signature line. Finally, please notify all special area teachers of the absence. Thank you!

Office Staff Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

**Step 2. Teachers:** Please note the dates of the absence on your calendar. Office staff will note attendance in FACTS SIS. If you are not the student's only teacher, please give this form to the next teacher on the line above. Once all teachers have signed, this form must be returned to the office. Thank you!

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

Additional teachers (if necessary)

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

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

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

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

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

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

**Step 3. Office staff:** Please file this form with other absence notes for the appropriate month. Thank you.

