

Hansen Elementary School

Planned Absence Requests

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Current Date: \_\_\_\_\_

I request that my child be excused from school on the dates specified below provided he/she can afford to miss the classroom time. I am making this request for the following reasons(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child will be absent on the following date(s): \_\_\_\_\_

- All parents within the District of any child eight (8) years of age and under eighteen (18) years of age shall cause such child to attend the public schools of the District for the full time when such school may be in session, unless the child is enrolled in an approved private school, an educational center as provided in RCW 28A.205 or is receiving home-based instruction. Exception may be granted, by the Superintendent or designee in the following circumstances: The student's parents have requested a temporary absence for purpose agreed to by the District and which will not cause a serious adverse effect on the student's educational process. *Olympia Board Policy # 3121*
- Regular, punctual attendance is considered a legitimate expectation of students and may be one of the criteria determining grading and promotion. Students who are absent are required to provide an excuse from parent or guardian. *Olympia Board Policy # 3121*
- No student may be counted on any enrollment report after having been continuously absent for a period encompassing two (2) consecutive monthly enrollment reporting days unless enrollment is resumed or there is agreement between the school and the parent relative to the student's temporary absence for a period not to exceed twenty (20) consecutive school days. *Olympia Board Policy #3120P*

If a request is granted, it is the child's and parent's responsibility to make arrangements with the teacher(s) to make up work missed during absences.

Parent Signature: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

.....  
*This portion to be completed by teacher & principal*

Is it likely that this student's absence as requested will have an adverse effect on achievement and grades during this grading period?

Yes  No

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

Absence does [ ] does not [ ]  
meet criteria for excused absence.

Principal Signature: \_\_\_\_\_

This form may be faxed to: (360) 596-7401

***THIS FORM MUST BE TURNED IN PRIOR TO THE DATE OF ABSENCE***