

Pre-Planned Extended Absence Form
Wheatland Elementary
U.S.D. #385 Andover

Please provide the following information to assist the WES Office in regard to your pre-planned extended absence.

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Phone: _____ Dates of the absences: _____

Reason for absence:

How many days has the student been absent due to other trips this school year? _____

How many days has the student been absent due to illness this school year? _____

How many days has the student been absent due to other reasons this school year? _____

Total absences this semester: _____

I understand that I need to work with my child's teachers to obtain make-up work, and that certain activities and lessons may be impossible to make-up, such as field trips, labs, guest speakers, class discussions, etc.

I understand that I may request work ahead of the absence, but the teacher may or may not be able to provide some or all of the work in advance. I understand that Andover School District has a 10-day absence per semester policy.

Parent/Guardian Signature

Date

Teacher's Signature

Date

FOR OFFICE USE ONLY:

_____ Request submitted in writing prior to absence

_____ Excused

_____ Not Excused



Administrators Signature

Date