



ELEMENTARY ANTICIPATED ABSENCE FORM

FAMILY NAME: _____

Student name(s): _____ Teacher: _____

Student name(s): _____ Teacher: _____

Student name(s): _____ Teacher: _____

First Date out of school : _____

Date back in school: _____

Reason for anticipated absence:

Per school policy, homework is given to the student upon return from absence. The student's signature below indicates that all homework will be completed within a week of return date.

Parent/Guardian signature below indicates that they will notify the teacher(s) and supervise any work that needs to be completed from the absence.

Student Signature(s) _____

Parent/Guardian signature _____

Please PRINT Parent/Guardian name _____

Date: _____