Date:_	/	/			Current Tea	acher/Gi	rade:					()
Studer	nt Name:											
		_										
		South	<u>ı Whic</u>	lbey Ele	mentary S	chool	<u>Pre-Arra</u>	<u>nged</u>	Abse	nce		
•		•	•		/Guardian to teacher's di							or this
•	•		•	•	sence must he requeste			the scl	nool of	fice at	least 5	days in
	,	We are	reque	esting ou	ır student	be rele	eased fro	om so	hool	from		
			<u></u>	1	to	I			(da	ites)		
			for a	a total ni	umber of _		school	days.				
Provi	de an ed	ucation	al rea	son for t	his absen	ce:						
partici		eemed e			on a studer sence poten							be
we wa	nt to emph	nasize re	gular a	ttendance	e possible to habits by one help your o	our stud	ents. Reg	ular aı	nd pur	ictual a	attendar	•
educa	tional plan	to the pr	rincipal	that mitig	n are not au lates school eriod is cons	absend	ces. Pleas				•	en (7)
Paren	ıt Signatuı	re:										
Teach	er Signatı	ure:										
Princi	pal Signat	:ure:										