



EyestoneElementary Extended Absence Notification

Parent / Guardian Name _____ Date _____

Please note that my child(ren) will miss school for a planned extended absence of 3 or more days. I understand that the absence may adversely affect my student(s)' schoolwork/grades and that school staff / administrators are required to follow PSD truancy guidelines as needed.

Student Name	Teacher	Grade
Student Name	Teacher	Grade
Student Name	Teacher	Grade
Student Name	Teacher	Grade

Dates of Absence From: _____ To: _____

Reason for Absence Absence is medically-related or required.

Parent/Guardian Signature _____ **Date** _____

School Use Only

Teacher / Classroom Information

- Student's absence was communicated in advance by parent / guardian.
- Schoolwork was provided for student's completion during absence.
- Frequent absences are affecting student's academic progress.

Teacher's Signature _____ Grade _____ Date _____

Teacher's Signature _____ Grade _____ Date _____

Teacher's Signature _____ Grade _____ Date _____

Teacher's Signature _____ Grade _____ Date _____

Student's attendance record updated. Staff Initial _____ Date _____