

# West Seattle High School Pre-Planned Absence Form

**Note:** This fully completed form must be submitted to the Attendance Specialist at least three (3) school days before the start of the planned absence. If the reason for absence is different for multiple siblings, please complete a separate form for each student.

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_ Grade: \_\_\_\_\_

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Dates of absences: \_\_\_\_\_

**Reason for Absence: (Please check one)**

\_\_\_\_\_ **Medical:** Student has a medical/dental appointment or other pre-planned medical situation.

\_\_\_\_\_ **Family Event:** Funerals or religious holidays. Up to 5 days excused if the event is out of state.

\_\_\_\_\_ **Family Vacation:** Family vacations are not excused. Students will be marked unexcused absent for the duration of the vacation.

I understand that this is an unexcused absence unless excused by an administrator. \_\_\_\_\_ (parent initials)

\_\_\_\_\_ **Educational Trip:** To be excused, a plan must be made prior to departure for how the trip is educational and how the student will report on what they learned during the trip. Complete the Educational Trip plan form for approval.

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I request that my child's educational trip be excused. An educational Plan for his/her absence is attached.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

The absences for this trip will be  Excused  Unexcused

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

# Pre-Planned Absence Plan

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents and Teachers: Please use this form to create an educational plan for the above student to request that absences from school for an educational trip be excused:

Proposed Educational Activities	Teacher Approval (Initial Here)
	Period 1 _____ Period 4 _____ Period 2 _____ Period 5 _____ Period 3 _____ Period 6 _____
School work/assignments to be completed	Schedule of completion (How work will be completed and when it will be turned in)
Math	
Reading	
Science	
Social Studies	
Other Subjects	

**We agree to this Educational Plan.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

The Educational Plan for this student is  Sufficient  Insufficient.

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_