

PHANTOM LAKE
ELEMENTARY
SCHOOL



1050 160th AVENUE SE
BELLEVUE, WA 98008
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REQUEST FOR EXCUSED ABSENCE

For absences other than illness, dental or medical appointments, or religious observance.
Only five days of vacation will be approved annually.

5 DAY PRIOR APPROVAL REQUIRED

Date Turned In _____

Student Name _____ Grade _____ Teacher _____

Date(s) of Number of School Days Absent _____

Reason for Absence _____

Dates of other such requests (during elementary years): _____

Plans to maintain academic skills: _____

Parent / Guardian Signature Date Relationship to Student

Staff Review:

Student is achieving at or above grade level? _____

Other Comments: *Missing any amount of classroom instruction may adversely impact a student's social and/or academic learning. Giving homework during the vacation/absence cannot make up for the loss of instructional time with their teacher and peers.*

Decision / Comments:

Teacher Signature Date Assistant Principal Signature Date

Please Note: Make-up assignments are not provided in advance. The teacher may require some work to be made-up upon return. Form will be placed in student's cumulative file.