

St. Peter Lutheran School

Student Permission Form For Extended Absence (2 or more school days)

Child's

Name: _____ **Grade:** _____ **Teacher:** _____

Total number of absences for the above child, so far this school year: _____
(if known)

Child's

Name: _____ **Grade:** _____ **Teacher:** _____

Total number of absences for the above child, so far this school year: _____
(if known)

Child's

Name: _____ **Grade:** _____ **Teacher:** _____

Total number of absences for the above child, so far this school year: _____
(if known)

First date of absence: _____ **Last date of absence:** _____

The reason for the absence:

Parent's Signature: _____ **Date:** _____

Administrator Signature: _____ **Date:** _____

Note to parents regarding absence policy:

1. It is strongly recommended that extended vacation periods be taken in accordance with the school calendar.
2. It is our policy that the teachers will assign all make-up work **AFTER** the child returns.

For School Office Use:

Copy to: School Office
Homeroom Teacher

Parents:

**Complete this form and return it
to the School Office!**