St. Peter Lutheran School

School Notification Form for Extended Absences
(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)

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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: _____

I understand that this vacation/absence will be counted toward my child's cumulative attendance, and if absences exceed twenty in one school year, truancy will be reported, and promotion to the next grade is not assured.

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!

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