



**LAKE SPOKANE ELEMENTARY**

6015 Highway 291  
Nine Mile Falls, WA 99026  
509.340.4040 Fax 509.340.4041

*Tim Smith, Principal*  
*Kevin Simpson, Asst. Principal*

**PREARRANGED ABSENCE FORM**

Students must apply for the privilege of using prearranged absence days through the **principal's office**. This completed form must be turned in *at least three (3) school days prior* to the requested absence.

The building principal or designee has the authority to grant excused absences for the following types of absences:

- Participation in regional and/or national contests or awards
- Family vacation—qualified by the phrase “accompanied by parent”
- Special religious events

NAME OF STUDENT: \_\_\_\_\_ Date: \_\_\_\_\_

Classroom Teacher's Name: \_\_\_\_\_

Date(s) of requested absence(s): \_\_\_\_\_

Reason for absence: \_\_\_\_\_  
\_\_\_\_\_

As a parent/guardian of the student named above, I understand my child's teacher is not responsible for preparing assignments in advance of any prearranged absence. As daily instruction cannot be replicated, I understand certain tasks as well as some assessments cannot be made-up. I agree my child will complete any work that can be made up upon their return from the prearranged absence. I also understand absences from school could affect the academic achievement of my son/daughter.

PARENT SIGNATURE: \_\_\_\_\_

**If you aren't contacted within 24 hours, this absence has been approved.**

**FOR OFFICE USE ONLY**

# OF PREARRANGED ABSENCES TO DATE: \_\_\_\_\_

# OF ABSENCES TO DATE: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_