Planned Extended Absence Form

(Completed by Parent/Guardian. Please turn in to the office prior to a planned absence of more than 5 days.)

Snow Horse Elementary

Student Name:_____

Grade:_____

Teacher:_____

Dates of Absences

From_____ to _____

Total School Days Missed: _____

Reason for Absence:

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Additional Siblings

Name: _____
Grade: _____
Teacher: _____

Name: _____
Grade: _____
Teacher: _____

Name: _____
Grade: _____
Teacher: _____

Name: _____
Grade: _____
Teacher: _____

I understand that:

- While my child is gone, my child's teacher will collect work, and we will be responsible for completing missed work by the assigned date
- Some classroom experiences may not be recreated
- Unless previously arranged with teacher, student will follow the same assessment schedule as the class when they return

Parent/Guardian Signature: _____

Date: _____

Office Use Only

Date Received:

Absence recorded in myDSD: ☐

Acknowledged: Yes/No

Administrator Signature: _____