

Family Day Absence Request Form



Each student will be given a total of 5 excused “Family Day” absences per year for pre-approved family functions, events, vacations, etc. These 5 excused absences may not be used on end of term or on exam days. Additional excused absences may be approved at the discretion of the administration. Extra school work may be required to get these additional days approved.

To get pre-approval from the school for family days and family day early dismissals, parents must fill out this form. It must be filled out for every individual set of absences (i.e. each travel even, each vacation, each non-school commitment, etc.). This form can be used to request an excused family day early dismissal. Please remember to add the dismissal time if you plan on leaving a day early for the family day. If a multiple child family is going to be absent for the same event(s), parents only need to fill out one form to make the request for the whole family. This form is also posted on the school website as a PDF.

- Must be submitted **BEFORE** the start of the absence.
- 1 month before if the absence is longer than two weeks.
- 15 or more days is considered a Leave of Absence and must get board approval. Missing 15 or more consecutive days of school, without Board approval, will result in your child being considered withdrawn from the school. In order to gain pre-approval, the process must be started at least 6 weeks prior to the start date for the proposed Leave of Absence.
- In some cases, a meeting with administration may also be required.

Parent Information

Parent Name: _____ Relationship: _____

Primary Phone #: _____ Email: _____

Student Information

Student's First and Last Name	Age	Grade and Section
1.		
2		
3		
4		

Over →

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Absence Details

Date(s) of Absence (Please include early dismissal if needed):

Is this 15 or more days? Yes No

Please give details (i.e. - Reason, Destination, Early Dismissal Time, etc.):

Parent/Legal Guardian Signature

Date

Administrative Approval

School Coordinator Signature: _____ Date: _____

C.C.. Classroom Teacher, Food Service Coordinator, and Extended Care Coordinator

Office Use Only

Date Received: _____

Name	Days Used	Days Available
1.		
2		
3		
4		