View Ridge ELEMENTARY  
202 Alder Street  
Everett, WA 98203  
Attendance Office: 425-385-5403

Student #1 Name: ______________________  
Student ID #: ______________________  
Grade: ______________________

Student #2 Name: ______________________  
Student ID #: ______________________  
Grade: ______________________

Student #3 Name: ______________________  
Student ID #: ______________________  
Grade: ______________________

Student #4 Name: ______________________  
Student ID #: ______________________  
Grade: ______________________

Elementary Prearranged Absence Form

Families should not schedule vacations or travel while school is in session. If a family vacation or travel must occur while school is in session, it must be prearranged prior to the first date of the absence and approved by the principal (or designee).

Pursuant to district Procedure 3122P, the principal (or designee) may excuse up to five (5) school days for a prearranged absence per student each school year.

Assignments requested for a prearranged absence will be provided to the student or parent/guardian if requested five (5) school days prior to the absence. Please note: Not all learning activities/opportunities can be reproduced outside of the classroom.

Reason for absence: __________________________________________________________

__________________________________________________________

Date(s) of planned absence: __________________________

Student #1 Teacher's name: __________________________

Student #2 Teacher's name: __________________________

Student #3 Teacher's name: __________________________

Student #4 Teacher's name: __________________________

PARENTS

I have met/communicated with my student's teacher(s) regarding this planned absence and ways for my student(s) to complete requested assignments. I am aware that this absence may affect my student's learning and being prepared for the next grade.

_______ Parent/guardian signature  
_______ Date  
_______ Phone

_______ Administrator signature  
_______ Date  
Number of days excused

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***OFFICE USE ONLY***

Verified by: __________________________  
Date: __________________________

☐ Phone/Fax  ☐ In person  ☐ Email