

Douglass Valley Elementary School Pre-Arranged Absence Notification

Student Name: _____ Grade _____

Date of Student absence from: _____ to _____

Total number of days your student will be absent: _____

Teacher: _____

Reason for the absence:

As a parent, I am aware of the possible impact that may be created by this absence.

Parent/Guardian Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Office Use Only: Excused absence _____ Unexcused absence: _____



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