

School District of Holmen 1019 Mc Hugh Road Holmen, Wisconsin 54636 (608) 526-6610 (608) 526-1333 FAX www.holmen.k12.wi.us

SPECIAL ABSENCE REQUEST

STUDENT NAME:	
GRADE:	TEACHER:
I request that my	child be given an excused absence on the following date/dates:
REASON:	
completed i 2. It is the chi complete it	d I understand that any schoolwork assigned for the absence period is to be in accordance with teacher directions. Id's responsibility to get the assigned schoolwork from the teachers, and return it to the homeroom teacher. missed count towards the 10 allowable excused absences for the year.
If any unexpected resolved.	circumstances arise, please consult the principal as to the way it may be
PARENT/GUARDIA	N SIGNATURE:
DATE:	
Please review B additional inform	oard Policy Category 400, File: 430 Student Attendance, for nation.
PLEASE RETURN A OFFICE USE ONLY	ALL THREE COPIES!
Special Absence Re	quest has been processed as: EXCUSED UNEXCUSED
Signature of School	Official:
DISTRIBUTION:	School Copy (white) Parent Copy (yellow)

<u>Vision Statement</u>: Holmen – A premier School District of choice, setting standards of excellence in education, distinctive and successful in everything we do.

Teacher Copy (pink)