



School District of Holmen
1019 McHugh Road
Holmen, WI 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:

(If your child will be out for part of a school day, please note the times he/she will be gone from school)

REASON: _____

CONDITIONS:

1. My child and I understand that any schoolwork assigned for the absence period is to be completed in accordance with teacher directions.
2. It is the child's responsibility to get the assigned schoolwork from the teachers, complete it and return it to the homeroom teacher.
3. The day(s) missed count towards the 10 allowable excused absences for the year.

**If any unexpected circumstances arise, please consult the principal as to the way it may be resolved.*

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Please review Board Policy Category 400, File: 430 Student Attendance for additional information.

PLEASE RETURN ALL THREE COPIES!

*****OFFICE USE ONLY*****

Special Absence Request has been processed as: _____ EXCUSED _____ UNEXCUSED

Number of allowable absences used including this request: _____

Signature of School Official: _____

DISTRIBUTION: School Copy (white)
Parent Copy (yellow)
Teacher Copy (pink)

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