



Our Savior Lutheran School
 7910 East St. Joe Highway
 Lansing, MI 48917
 Phone: 517-882-8665
 Fax: 517-348-0777
 www.oursaviorlansing.org

ADVANCED ABSENCE FORM

Fill out & give a copy to the school office

School Year _____

I / We plan to take our child(ren):

_____	_____
Name	Grade
_____	_____
Name	Grade
_____	_____
Name	Grade
_____	_____
Name	Grade

out of school on: _____
 Date(s)

for the following reason: _____

Multiple day absences for reasons other than illness or family emergencies should be communicated to all of the student's teachers **a minimum of ten instructional days before the start of the absence** in order to make arrangements for assignments and/or activities the student will miss.

I understand that the education my child will miss during this time is important and I am responsible for my child's progress.

 Printed Parent Name

 Parent Signature

 Date

Office Use: Copy to teacher(s) _____ Filed in Absences Log _____