	Our Savior Lutheran School 7910 E. St. Joe Hwy Lansing, MI 48917 Phone: 517-882-8665 Fax: 517-622-1576 www.oursaviorlansing.org			ADVANCED ABSENCE FORM Fill out & give a copy to the school office	
				School Year	
l / We p	lan to take our c	hild(ren):			
	Name			Grade	
	Name			Grade	
	Name			Grade	
Name				Grade	
			Date(s)		
Office use of 4 th -8 th grade Copies mad distributed Hugh	e students: le and	should be communic instructional days bef arrangements for assi I understand that t	ated to all of the s fore the start of the ignments and/or a he education my o	reasons other than illness or family emergencies to all of the student's teachers a <u>minimum of ten</u> <u>he start of the absence</u> in order to make ents and/or activities the student will miss. ducation my child will miss during this time is nsible for my child's progress.	
Conw Mews List (4 Becke Horak Wang Wrigh	ray $(6, 7, 8)$ s $(5-8)$ $4^{th}, 5^{th}, and 8^{th})$ er $(4^{th} and 5^{th})$ s $(5-8)$ gelin (8^{th}) nt (7^{th}) 'Music (all)			nted Parent Name Irent Signature	

P.E. (all) Art (all) Absences Log Google calendar

Revised 10/18/23 sd