## **Prearranged Absence/Family Vacation Form**

Stark County Elementary School

Please turn in this form a minimum of one week prior to a prearranged absence.

Student(s) Name:			
Grade(s): Teacher(s):			
Date(s) of Absence:			
Reason for Absence:			
School work requested?	YES	NO	
Work should be completed upon return if the teacher i	_		in immediately
Parent Signature:			
	For office use		
To be completed by princip	al Exc	cused	Unexcused
Principal's Signature:			
Notified:			
Office Secretary			
Classroom teacher(s	<b>5)</b>		