

ACADEMY ENDEAVOUR

ELEMENTARY SCHOOL

Shelah Hansen
Principal
719-234-5610

3475 Hampton Park Drive
Colorado Springs, CO 80920
719-234-5600 Fax: 719-234-5699

Carrie Mitchell
Assistant Principal
719-234-5620

PRE-ARRANGED ABSENCE NOTIFICATION

Student Name

Grade and Teacher

_____	_____
_____	_____
_____	_____
_____	_____

Dates of Absence:

From: _____ to _____
Month Day Month Day

Returning to school on: _____
Month Day

Reason for absence: _____

As parent/guardian of above-named student(s), I have reviewed the information on this form. I am aware of the possible impact that may be created by this absence. At this time, I request the school's administration to excuse my child(ren) from school for the indicated dates.

Parent/Guardian Signature

Date

Recorded in office

Sent to/received by teacher

Teacher: The student listed above will be out of school on the indicated dates.
Please list homework assignments and return to parent.

