

**RSU #22**  
**Request for Pre-Approved Planned Absence**

**SECTION 1: COMPLETED BY PARENT/GUARDIAN:**

Return this form to the main office **7 days** prior to date(s) of absence.

**Student's Name:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_ **Location of travel:** \_\_\_\_\_

**Purpose of Absence:**

- Educational (College visit, internship opportunity)
- Medical (Surgery, appointment that requires travel, etc.)
- Recreational (vacation, family reunion, etc.)
- Religious (Observation of a religious holiday)

Date(s) student will be absent: \_\_\_\_\_

**Student Absences and Excuses (as defined by State statutes)**

Personal illness; An appointment with a health professional that must be made during the regular school day; a doctor's note **must** be submitted to confirm doctor's appointments. In general, it is expected that students will attend school before and return to school after medical appointments, unless the doctor specifically requested submitted in writing a full day absence. Observance at a recognized religious holiday when the observance is required during the regular school day. A family emergency; or a planned absence for a personal or educational purpose, which has been **pre-approved by the principal**.

*These days absent will be included in the total number of days absent as defined by the attendance policy.*

Parent/Guardian Signature: \_\_\_\_\_

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**SECTION 2: COMPLETED BY ADMINISTRATION:**

Date Received: \_\_\_\_\_

\_\_\_\_ Approved

\_\_\_\_ Approved with academic concerns:

\_\_\_\_\_

\_\_\_\_ Other: Specify: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_