



# James Irwin Elementary School – Canada Drive

*Character Development and Academic Excellence*

## Scheduled Absence Plan

A two-week notification is required. Scheduled Absence Plans are not required for absences due to illness.

Student(s)' name \_\_\_\_\_

Dates of absence \_\_\_\_\_

Number of school days absent \_\_\_\_\_

Does scheduled absence include mandatory testing dates? \_\_\_\_\_

Reason(s) for absence \_\_\_ Vacation \_\_\_ Family Emergency \_\_\_ Other (Please explain on back)

Parent/Guardian Phone Numbers \_\_\_\_\_

Name(s) of Student(s)	Grade	Teacher
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I, \_\_\_\_\_, understand that extended absences will affect my  
 Parent/Guardian Name  
 student's academic standing and for each unexcused absence my student will receive 0% credit for homework  
 and tests will receive up to 83% (C).

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

### Office Use Only

Number of Days Excused \_\_\_\_\_ Number of Days Unexcused \_\_\_\_\_

Dates Excused \_\_\_\_\_ Dates Unexcused \_\_\_\_\_

Date Teacher Copy Issued \_\_\_\_\_ Date Parent Letter Issued \_\_\_\_\_

Date Entered into IC \_\_\_\_\_

Absences SYTD \_\_\_\_\_

Tardiness SYTD \_\_\_\_\_

