

# Station Camp Elementary

1020 Bison Trail

Gallatin, Tn 37066

PHONE : 615-230-0387 FAX: 615-230-8518

Mr. Phillip Holt, Principal

## Parent Pre-Request For Absence

(for absences totaling (3) or more days)

Instructions: Please fill out top portion and return to your child's teacher.

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ Parents Name \_\_\_\_\_

Parent Phone / Contact Info \_\_\_\_\_

Dates Student Will Be Absent \_\_\_\_\_ through \_\_\_\_\_

Reason For Absence \_\_\_\_\_

### Students Grades and Absences (to be filled out by teacher)

Subject \_\_\_\_\_ 9 week grades \_\_\_\_\_

Days Absent \_\_\_\_\_

Math \_\_\_\_\_

Teacher Comments \_\_\_\_\_

Reading \_\_\_\_\_

Language \_\_\_\_\_

Social Studies \_\_\_\_\_

Signature \_\_\_\_\_

Science \_\_\_\_\_

\*\*The student will be allowed to get assignments prior to leaving when enough time is given for the teacher to get all of the work together in advance of the trip. All work given before the student leaves will be due the day they return. Adequate time will be given for make-up work, which is not assigned until after the student returns. The absences will only be counted as verified if the request is made in advance with the principal's signature. **Principal will only verify (1) pre-approved trip per student, per year, not to exceed (5) days in length.** Parents may use parent notes to cover any days over the (5) day limit.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principals Signatue \_\_\_\_\_ Date \_\_\_\_\_

Principals Comments \_\_\_\_\_