



Extended Absence Prior Approval Request Form

At least four to six weeks prior to extended absence of more than three consecutive days, please fill out this form and return to Terry Moffatt (tmoffatt@davincicharterschool.org).

Student Last Name (print)

Student First Name (print)

Grade _____

Teacher _____

Dates the child(ren) will be absent: _____ school days

From _____ to _____

(month/date)

(month/date)

Reason for absence:

For office use only

Administrator Signature

Date