



## 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](mailto:tmoffatt@davincicharterschool.org)).

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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:

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For office use only

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date