

**Wall Elementary School  
702 E. Lafayette Street  
Sturgis, MI 49091  
269-659-1570  
269-659-1579 (fax)**

Wall Elementary School

Pre-Planned Extended Absent Form

Student \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Dates to be absent: \_\_\_\_\_

Reason for Absence:

\_\_\_\_\_ Family Illness \_\_\_\_\_ Vacation

\_\_\_\_\_ Death in family \_\_\_\_\_ Other

Please return this completed form to the office. Your child is responsible for getting all assignments from their teacher before leaving.

Thank you.

Parent's Signature: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_