

Raymond School District

**Parent Permission Request
For Student Absence**

Date: _____

Teacher (s): _____

I request that my child(ren), _____

be excused from school for the following time period: _____

Reason for absence:

Parent's Signature

Parents/guardians are allowed, under state law, to excuse their child for up to only ten (10) days per school year, including illness without a doctor's excuse, provided the parent excuse is submitted prior to the absence. The Administrator will investigate any unusual number of such instances.

Do not write below this line

Acknowledgement of request

District Administrator

Date

cc Parents
Teacher
Student File