Riverview School District
Cherry Valley Elementary

PLANNED ABSENCE FORM

***Planned Absences Need To Be Turned In 2 Weeks Prior To The Absence***

This form is to be used when a parent/guardian knows in advance that their child will be absent from school. Please read, complete, and return this form to the school office prior to the day your child will be absent. As per RSD attendance policies, a maximum of 8 (eight) days per school year may be approved for Pre-Planned purposes.

These absences will be counted as Planned Absences (PA) if this form is completed prior to the absence and will be changed to an Excused Absence (EA) if all make-up work is turned in on time. If a form is not completed and/or the make-up work is not competed on time, the absences will be recorded as an Unexcused Absence in your child’s attendance profile.

Students will typically be allowed one (1) day of make up per one (1) day of absence to complete the missed assignments. It is the responsibility of the parent/guardian to obtain from their child’s teacher(s) the make-up work prior to or following the absence.

District policy (3122) states that excused absences will include: illness or other health conditions, family emergencies, school-approved activities, religious observations, and disciplinary actions. A student whose absence is not excused shall experience the natural consequences of his/her absence. A student’s grade may be affected if a graded activity or assignment occurs or when class attendance is specifically related to the grade during the period of time when the student is absent without excuse.

STUDENT’S NAME: ___________________________________   GRADE: _____________

TEACHER’S NAME: ________________________________________________

Reason for absence: __________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

DATES: FROM _________________  THROUGH _______________  TOTAL DAYS ___________

TO BE COMPLETED BY SCHOOL ADMINISTRATION

Administrator’s Signature _________________________ _____________________________ Date _______________ 
Comments/Concerns: ____________________________________________________________
___________________________________________________________________________________

Teacher(s): Was make-up work completed and turned in on time? ☐ Yes ☐ No

Teacher’s Signature ____________________________ _____________________________ Date _______________
Comments/Concerns: ____________________________________________________________
___________________________________________________________________________________

FINAL DETERMINATION: ☐ EXCUSED ☐ UNEXCUSED

Office Use:
☐ Recorded in Absence Book in Office    ☐ Parent copy to send home    ☐ Teacher copy for final signature

Previous Excused Absences (up to 8) _____    Previous Unexcused Absences _____