

Bell-Graham Elementary School
Community Unit School District 303



4N505 Fox Mill Blvd.
Saint Charles, IL 60175-7934

Phone (331) 228-2100 • FAX (331)-228-2101
www.d303.org

Patti Palagi
Principal

Dear Bell-Graham Families:

As you prepare for your child's absence from school, please note that assignments cannot be provided to you in advance. Instructional plans are continually modified based on the needs of the children in each classroom. This allows for additional review or acceleration of the content on a daily basis. During your absence, please encourage your child to keep a journal of the activities they have engaged in. Daily reading is also an activity that will support your child's transition back to school; perhaps there is a book that would provide history on the location you will be visiting. The Bell-Graham website is also available to you with a variety of educational websites. Upon your child's return to school, their classroom teacher will make every effort to review missed material as well as make-up appropriate assignments and assessments.

Sincerely,

Patti Palagi

201 South 7th St.
St. Charles, IL 60174
Phone: (331) 228-2000



C.U.S.D.
303

ELEMENTARY SCHOOL PREARRANGED ABSENCE FORM

Students must apply for the privilege of using prearranged absence days through the **principal's office**. This completed form must be turned in at least (2) school days prior to the requested absence.

The building principal or designee has the authority to grant up to (5) days of excused absence per year for the following types of absences:

- Participation in regional and/or national contests or awards
- Family vacation—qualified by the phrase "accompanied by parent"
- Special religious events

NAME OF STUDENT: _____ Date: _____

Classroom Teachers Name: _____

Date(s) of requested absence(s): _____

Reason for absence: _____

As a parent/guardian of the student named above, I understand my child's teacher is not responsible for preparing assignments in advance of any prearranged absence. As daily instruction cannot be replicated, I understand certain tasks as well as some assessments cannot be made-up. I agree my child will complete any work that can be made up upon their return from the prearranged absence. I also understand absences from school could affect the academic achievement of my son/daughter.

PARENT SIGNATURE: _____

PREARRANGED (EXCUSED) ABSENCES SHALL BE LIMITED TO FIVE (5) PER YEAR.

If you aren't contacted within 24 hours this absence has been approved.

FOR OFFICE USE ONLY

OF PREARRANGED ABSENCES TO DATE: _____

OF ABSENCES TO DATE: _____

Teacher Signature: _____ Date: _____

Principal's Signature: _____ Date: _____