Pre-Excused Absence Form
Please submit 2 weeks in advance for planned vacations.
Send back to school or email jmmetzler@gbaps.org
Thank you!

Student Name: ____________________________________________________________

Absence Information
Start Date (first day the student will be gone): ________________________________
Return Date (first day student will return to school): ____________________________
Total Number of school days the student will be absent: _________________________
Reason: ___________________________________________________________________
_________________________________________________________________________

I understand that my child will be responsible for completing all school assignments and activities that take place during his/her absence.

_________________________________  ________________________________
Parent/Guardian Signature          Date

_________________________________  ________________________________
School Office Use Only
Student Name: ____________________________________________________________
Number of absences to date: ________________________________

Absence is:  [ ] Recommended  [ ] Not Recommended

_________________________________  ________________________________
Principal                          Date

[ ] Entered in Infinite Campus  [ ] email to staff  [ ] email to parent