



LEONARDO DA VINCI SCHOOL FOR GIFTED LEARNERS

139 SOUTH MONROE AVE
GREEN BAY, WI 54301
TELEPHONE: 920-448-2135

Pre-Excused Absence Form
Please submit 2 weeks in advance for planned vacations.
Send back to school or email jimmetzler@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