

MACHANANAO ELEMENTARY SCHOOL DEPARTMENT OF EDUCATION

"Accredited by the Accrediting Commission for Schools, Western Association of Schools and Colleges"



Sarah Valencia

Acting Principal

Francis E. Santos Acting Superintendent of Education

PRE-ARRANGED ABSENCE REQUEST FOR STUDENTS

I/We,	, the parent(s)/guardian(s) of:			
		Grade	Room No.	
		_ Grade _	Room No	
Request the above named student(s) to b	be absent for the followir	ng days:		
From:To:			for	days.
From: To: (month/day/year)	(month/day/year)		(# of school days)	
Request the above named student(s) to b	be absent for the followir	ng reason(s):	
My child will return to school on				20
	Month / Day			_ 20
/ / YES / /NO I have discussed th	is with my child's teache	r(s). T	eacher's initials:	
	ed the required assignme		eacher's Initials:	
I/We understand that it is my/our respon our return in order to maintain a passing # of Days Excused:	grade.		complete ALL assignm used:	nents upc
APPROVED BY:				
PRINCIPAL	DATE			
Parent/Guardian Signature	Date			
Teacher's Signature	Date			
TITLE 17 GUAM GODE ANNOTATED STATES: Section 62 charge of any child between the ages of five (5) and six public or private full-time day school for the full-time of control or charge of any such child mentioned above w guilty of a violation for the first offense, and subject to petty misdemeanor.	teen (16) years, not exempted under of which such schools are in session (2 who fails to comply with the provision	r the provisions 180 days). Any is of this Section	s of the Article, shall send the ch parent, guardian or other perso n unless excused or exempted t	ild to a on having herefrom, is

Mission Statement