

**ESSEX COMMUNITY SCHOOL DISTRICT  
ESSEX, IOWA**

**PRE-EXCUSED ABSENCE**

**STUDENT'S NAME** \_\_\_\_\_ **DATE ISSUED** \_\_\_\_\_  
**DATE STUDENT WILL BE ABSENT** \_\_\_\_\_  
**REASON FOR STUDENT'S ABSENCE** \_\_\_\_\_

**Assignments to be Completed:**

Teacher's Signature  
Indicating Completion &  
Approval

Subject	Assignment	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent's signature approving student's absence from school:

\_\_\_\_\_

The above form **must be completed and returned to the office** two (2) days prior to date of absence or permission for this student to attend the above function may be denied. Also **assignments listed on this Pre-Excuse must be completed & turned in no later than the day prior to the absence.**