

Clearspring Elementary School

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<http://www.montgomeryschoolsmd.org/schools/clearspringes/>

PARENT ACKNOWLEDGEMENT OF EFFECTS OF EXTENDED ABSENCES

I, _____, the parent/guardian of

_____. have informed the child's teacher, *Mrs. Wilhelm* and *Mrs. Gilbertson, Principal* that my child will be out of school for an extended absence.

from _____ to _____. The reason for this

absence is _____

_____.

By signing this letter, I am confirming that the school principal has shared the following information with me:

That it is not possible for classroom teachers to prepare packets of learning materials that can substitute for the instruction that takes place in the regular classroom over several weeks.

That after 15 days of absence, my child will be withdrawn from the school roster. I understand that, after an extended absence, there is no guarantee that my child(ren) will be placed back in the same classroom with the same teacher. A change of teacher may be made necessary by changing enrollment.

That an extended absence inevitably has a negative effect on the academic progress of students. For every week of school missed, a student misses over 25 hours of direct instructional time. Students who have extended absences miss opportunities to learn and master instructional objectives. Sometimes extended absences make it difficult for students to move on to the next grade level at the end of the year.

Parent/Guardian Signature

Date