

JON J.P. FERNANDEZ

Superintendent of Education

Western Association of Schools and Colleges (WASC)

Accredited by Accrediting Commission for Schools,

FINEGAYAN ELEMENTARY SCHOOL

194 Chalan Kasperbauer Dededo, GU 96929 Tel: (671) 632-9361 School email address: fes@gdoe.net

School email address: fes@gdoe.net https://www.finelementary.weebly.com



MARITES D.C. GARCIA
Principal
GERARDO P. GALANG
Assistant Principal

REQUEST FOR OFF-ISLAND ABSENCES

Return to the Main Office for Approval once completed

7 . 37				
:dent Name: me Room #·	Teacher	Grade:		
Days of Absences Requ From (starting date): _ Total # of days request	ed:	to (returning date):		
Reason for Absence:				
> Parents/Guardia	n will provide an itinera	ary ticket with the student's	name.	
	ovide assignments and	must be must as per the Te		ment in ordei
	icy #411 allows a stude ding the approval of the	nt to be excused from schoo e school administrator.	ol no longer than twe	enty-five (25)
	J. 1.1			
> Absences exceed	ling the 25 days of excu iustified by a Doctor's n	ised absences, will require a ote.	note from parent/g	uardian or
> Absences exceed may need to be j	iustified by a Doctor's n	ote.		
> Absences exceed may need to be j	iustified by a Doctor's n			
> Absences exceed may need to be j Parent/ Guardian No Contact Phone Numb	iustified by a Doctor's n ame:	ote.	Cell:	
> Absences exceed may need to be j Parent/ Guardian No Contact Phone Number	iustified by a Doctor's n ame: bers: Home: her(s): Initial for ack	oteSignature: Work:knowledgment (if the stud	Cell:dent is in that class	s)
> Absences exceed may need to be j Parent/ Guardian No Contact Phone Number	iustified by a Doctor's n ame: bers: Home: her(s): Initial for ack	ote. Signature: Work:	Cell:dent is in that class	s)
> Absences exceed may need to be j Parent/ Guardian No Contact Phone Number	iustified by a Doctor's n ame: bers: Home: her(s): Initial for acl	oteSignature: Work:knowledgment (if the stud	Cell:	s)
> Absences exceed may need to be j Parent/ Guardian No Contact Phone Number Teach Homeroom: GATE:	iustified by a Doctor's name: bers: Home: her(s): Initial for ack ESL: *FOR OFFICE U	oteSignature: Work:knowledgment (if the student Chamorro:SPED: _	Cell: dent is in that class ELOW)	(t)

DOE VISION: "Every Student: Responsible, Respectful and Ready for Life"
FINEGAYAN ELEMENTARY SCHOOL MISSION:
To prepare all students to succeed in meeting the challenges in an ever-changing global society.