



# Pre-Approved Absence Request for Extenuating Circumstances

Form must be submitted at least one week prior to the absence. Complete one form for each student.

## CONTACT INFORMATION

Student last name _____	Student first name _____	MI _____	Teacher _____
Parent/Guardian last name _____	Parent/Guardian first name _____	MI _____	Student grade level _____
Primary phone contact _____		Additional contact number _____	

## ATTENDANCE POLICY

The principal or designee may excuse a student for temporary absences when receiving satisfactory evidence of illness or other acceptable reasons. The following conditions may result in an excused absence from school:

1. Illness,
2. Death or serious illness in the immediate family,
3. Participating in a school function,
4. Attendance at religious services, or
5. Extenuating circumstances approved by the principal.

## EXCUSED ABSENCE REQUEST

I am requesting permission for my child's absence to be excused for the following extenuating circumstances:

### Dates of absences

From \_\_\_\_\_ To \_\_\_\_\_

Number of missed school days in absence request: \_\_\_\_\_

### Elementary

Number of absences in current semester \_\_\_\_\_

### Secondary

Highest number of absences in a class \_\_\_\_\_

## PARENT/GUARDIAN ACKNOWLEDGEMENT

I acknowledge that these absences may jeopardize my child's academic progress.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## PRINCIPAL/DESIGNEE CONSIDERATION OF REQUEST

\_\_\_\_ I approve this as an approved absence

\_\_\_\_ I do not approve this as an excused absence. It will be marked as unexcused.

*A copy of the completed request with principal/designee signature is provided to the parent/guardian. If the pre-approved absence request is denied, the parent/guardian may have that decision reviewed by making a request to the appropriate division within two school days.*

Principal comments

Principal/Designee signature \_\_\_\_\_ Date \_\_\_\_\_

## MAKE-UP WORK

When a family knows in advance that their child will be absent from school for five or more days, a separate class work make-up request can be made through the school office.

Copy to: \_\_\_\_\_ Principal \_\_\_\_\_ Office \_\_\_\_\_ Teacher \_\_\_\_\_ Parent \_\_\_\_\_ Other \_\_\_\_\_