Request for Pre-Approval of Student Absence

Student Name ___________________________  Homeroom: ___________________________

First day of school that will be missed (date): ______________  Please circle day of week: M T W R F
Last day of school that will be missed (date): ______________  Please circle day of week: M T W R F
Total school days missed: ______________                      Please circle: Full day ½ Day
If ½ day what time will student arrive: ____________________  or leave school: ____________________

Reason for absence (these are excused absences by State Law and Board Policy):

☐ Sickness, personal or in the immediate family of the student
☐ Medical appointment
☐ Dental/orthodontist appointment
☐ Death in the immediate family and funerals
☐ Family emergency situation to be determined by the administration
☐ Circumstances which cause reasonable concern to the parent for the safety or health of the student
☐ Observation of religious holidays
☐ Family vacations when pre-approved by the administration
☐ Other __________________________________________________________________________________

It is the student’s responsibility to obtain all make up work. If work is provided in advance or during the absence, it must be turned in on the first day the student returns or before leaving if provided in advance.

Student Signature: ___________________________  Date: ___________________________

Parent Signature: ___________________________  Date: ___________________________

For Office Use:

Absence is:  ☐ Excused  ☐ Unexcused ___________________________

Approved By: ___________________________  Date: ___________________________

April McLaughlin

Copy to: ___ Teacher  ___ Guardian  Entered in Teacher Ease: __________

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