



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: _____