Request for Excused Absence*

Regular school attendance is necessary for mastery of the educational program provided to students of the district. At times, students may be appropriately absent from class. The following principles will govern the development and administration of attendance procedures within the district:

A. The following are valid excuses for absences:
   1. Participation in a district or school approved activity or instructional program;
   2. Illness, health condition or medical appointment (including, but not limited to, medical, counseling, dental or optometry);
   3. Family emergency, including, but not limited to, a death or illness in the family;
   4. Religious or cultural purpose including observance of a religious or cultural holiday or participation in religious or cultural instruction;
   5. Court, judicial proceeding or serving on a jury;
   6. Post-secondary, technical school or apprenticeship program visitation, or scholarship interview;
   7. State-recognized search and rescue activities consistent with RCW 28A.225.055;
   8. Absence directly related to the student’s homeless status;
   9. Absence from a disciplinary/corrective action (e.g., short-term or long-term suspension, emergency expulsion); and
   10. Principal/designee and parent, guardian, or emancipated youth mutually agreed upon approved activity.

*Please note: State law requires that a student be withdrawn after 20 consecutive absences. You will need to provide "proof of residence" to reactivate your student upon their return.

| Student Name: ___________________________ | Grade: ______ | Teacher: __________ |
|________________________________________|--------------|-------------------|
| Date(s) of absence: ______________________ | Number of school days absent: ______ | |
| Reason for absence: ______________________ | __________________________ | |

I understand that excessive absences may have a direct negative impact on my child’s school performance. I also understand I may need to support the maintenance of academic skills at home and that make-up assignments will not be provided in advance.

Signature: ___________________________________ Relationship to Student: ________________________________________________

Teacher Review (to be completed by the classroom teacher):

Student is achieving at or above grade level? Yes No
Absence may adversely affect academic performance? Yes No

Other comments / concerns: ________________________________________________________________

Teacher signature ______________________________

Principal’s Decision: Excused Unexcused

Principal’s Signature __________________________ Date: ______________________________

This form will be placed in the student’s cumulative file.

* Prior Principal Approval Required