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:

Valid excuses for absences include:
- Participation in a district or school approved activity or instructional program;
- Illness, health condition or medical appointment (including, medical, counseling, dental or optometry);
- Family emergency, including, but not limited to, a death or illness in the family;
- Religious or cultural purpose including observance of a religious or cultural holiday or participation in religious or cultural instruction;
- Absence from a disciplinary/corrective action (e.g., short-term or long-term suspension, emergency expulsion);

*Please note: State law requires that a student be withdrawn after 20 consecutive absences.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: ____________________________________________________________

________________________________________________________

Please note: Make-up assignments are not provided in advance. Teachers may require some work to be made-up upon return.

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