

Wakulla County High School

Pre-Arranged Absence Request

(Due at least one week before the absence is to occur)

TO: School Administration

FROM: Parent/Guardian

RE: Request to have absence excused

Please excuse my son/daughter _____ Grade _____

On the following date(s): _____

For (reason for absence; attach documentation as appropriate):

Educational Benefit of absence (if applicable): _____

I am aware of the State of Florida policy that students in grade 9-12 are expected to be in school for 180 days to be eligible to receive credit. **A student must meet course requirements and be present 135 hours for a year course (67.5 hours for a semester course) or demonstrate mastery of the course performance standards for the defined course.**

Therefore, students with unexcused absence totaling 8 or more per semester MUST earn a passing grade on the semester exam in order to be eligible to receive credit in that class.

Parent/Guardian signature _____

Home or Cell Phone number: _____ Work Phone Number: _____

Date: _____

****You will be notified if this request is denied****

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(All information below dotted line will be filled out by school personnel)

REQUEST APPROVED – absence will be recorded as excused: _____

REQUEST DENIED – absences will be recorded as unexcused: _____

Administrator Signature _____

Date: _____

****PLEASE RETURN THIS FORM TO THE ATTENDANCE OFFICE****