



DISCRETIONARY DAY REQUEST



CCISD District Policy states that students are allowed five (5) discretionary days for unusual causes with **two-week prior approval from their Assistant Principal**. Nine-weeks tests and semester exams **may not** be taken early. A student shall not be granted an excused absence for unusual causes during semester exams or during statewide assessments. These absences *will* count against exemptions.

- ❖ *Students should submit completed form to request **prior approval** from their Assistant Principal and submit the form to the Attendance Office **two weeks prior** to the visit.*
- ❖ *Students must be passing all classes.*
- ❖ *Students will not be granted a Discretionary Day during semester exams or during statewide assessment exams.*

Student Name _____ **Grade** _____

I am requesting permission to take _____ discretionary day(s). The dates requested are:

_____.

The reason for the absence(s) is(are) _____

_____.

Student Signature

Date

I am aware that my child will be absent from school on the dates requested above for the reason provided.

Parent/Guardian Signature

Date

I am approving this request discretionary days on the dates requested above.

Assistant Principal's Signature

Date