Parent Request for CODE 13 Excused Absence Central Office Approval Required

(Must be submitted at least two weeks prior to the date of absence)

Parent/Guardian's Inform	<u>ation</u>				
Last Name:	First Name:		:M	MI:	
Address:					
City:	State:		Zip:		
Home Phone:	Cell Phone:		Email:		
-			erience (please include a desc	•	
DATES of REQUESTED EXC	CUSED AB	SSENCE:			
(examples may include a prequesting the presence of event to the school admining the within three school display after the three controls.)	orogram f f the stud istration ays follow days.	rom the event, or led dent). Attach letters to receive make-up wing the student's o	ters from organizations with to this request or bring a prowork. To receive full credit, late of return. Late work rule requesting approval for abser	n official signatu ogram from the make-up work es set by the sch	ire is
Student Name	Grade	School	Approved Dates (Central Office Use C	Only) Sci	otal hool ays
Parent/Guardian Signature	e:		Date: _		
This form must be submit	ted to Ga	arcia Dixon, Supervi	sing PPW, via email at <i>gadix</i>	on@ccboe.com	•
Central Office Approval:					
cc: Building Principal(s)	Sch	nool Counselor(s)			

CODE 13: Other emergency or set of circumstances which, in the judgement of the Superintendent or designee, constitutes a good and sufficient cause for absence from school for up to five school days per school year, including an educational trip or unique life experience. A vacation is not considered an educational trip or a unique life experience.

School Attendance Secretaries

School PPW(s)