GUNN HIGH SCHOOL
APPLICATION FOR PRIOR APPROVED ABSENCE (2023-24)

Student’s Name: ___________________________ Grade: ______

Absences which are requested in writing, prior to the absence, must be approved by Assistant Principal Courtney Carlomagno for school year 2023-24. To qualify, the absence must be for one of the following reasons:

A. Bereavement/Funeral Service – Immediate Family
B. College Campus Visits (Seniors and 2nd semester Juniors Only) (Only 5 total days are allowed in an academic year.)
C. Court Appearance
D. Employment Conferences
E. Observance of Religious Holiday or Ceremony
F. School-Sponsored Academic or School-Sponsored Sport Tournament or Trip
G. Special Circumstances – Please specify. This includes non-Gunn competitions (i.e. sports, fine arts, debate, other academic competitions) __________________________

Family vacations, family events, travel, accompanying siblings to college visits and move-ins, and other similar absences are not covered under this category of “prior approval.” When approved by parents, these absences will be considered “unexcused,” and it is the teacher’s discretion to give credit for work missed during this time.

Procedure:
1. Complete this form with a signature from your parent/guardian.
2. Take the form to each teacher and request assignments and their signature. (See page 2.)
3. Return to the Attendance Office.
4. NOTE: BOTH SIDES MUST BE COMPLETED BEFORE FINAL APPROVAL.
5. Obtain final approval from Assistant Principal Courtney Carlomagno.

THIS PROCEDURE MUST BE COMPLETED 72 HOURS PRIOR TO THE ABSENCE

I, ________________________________, will be absent from ______________ to ______________

(student name) (day/date) (day/date)

for ______ (number) ___ school days, for the following reason:

[ ] Bereavement/Funeral Services  [ ] Religious Observation/Holiday
[ ] Employment Conference  [ ] School Sponsored Activity
[ ] Court Appearance
[ ] COLLEGE CAMPUS VISIT - College(s) you are visiting ________________________________
[ ] Other/Special Circumstances (please specify) ________________________________

I understand that it is my responsibility to complete the work I will be assigned during this absence prior to my return, or this approval will be void.

__________________________________________ __________________________________________
Parent/Guardian’s signature Student’s signature

Final Approval Granted: ________________________________ ________________________________
Assistant Principal’s signature Date

Page 1
TEACHERS: Please indicate the work to be completed by the student for this absence period and sign.

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<tr>
<th>Period</th>
<th>Assignments</th>
<th>Teacher’s Signature</th>
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