



# Anticipated Absence Form

Thank you for recognizing that attendance at school is vitally important if students are to be successful in their studies. If your child must be absent for a reason other than those listed as approved by the Hoover City Schools Code of Conduct, you may request that the days missed be coded as excused. Please be aware of the following important information:

- Approval of your request is not guaranteed.
- Anticipated Absence(s) are considered parent notes (may not exceed 9 per year).
- Days requested cannot be excused if they will occur during state/district testing days, or if the allowable number of absences for the year has already been accumulated, or they will be accumulated due to the requested absence.
- Principals may advise against your child missing school due to low grades or prior attendance record.
- Parents and students are responsible for all missed work, and teachers have the authority to determine deadlines for missed work.
- Form must be completed for each student and at each school.
- **A completed Anticipated Absence Form MUST be submitted to the school office at least three (3) days in advance of the absence.** This form is to be used for full day or partial day absences.

Student Name: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Full Day Absence: \_\_\_ Yes \_\_\_ No      Dates of Absence: \_\_\_\_\_

Partial Day Absence: \_\_\_ Yes \_\_\_ No      Date and Time of Partial Day Absence: \_\_\_\_\_

# Days Requested: \_\_\_\_\_ + Current Absence Count: \_\_\_\_\_ =<15

*Reason for Requesting an Anticipated Absence be Excused (You may attach explanation if necessary).*

**My signature verifies that I understand the information provided regarding Anticipated Absences.**

\_\_\_\_\_

\_\_\_\_\_

Parent Signature

DATE

YES Approved

YES Approved with Reservations due to:      \_\_\_ Grades    \_\_\_ Prior Attendance    \_\_\_ Length of Absence

NOT Approved (Absences will be unexcused)      \_\_\_ Exceeds Allowable # Absences for Year    \_\_\_ Other (See Below)

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
DATE

\*Teachers' Homework/Assignments:

Period	Subject	9 Week Grade to Date	Comments/Assignments	Teacher Signature
0				
1				
2				
3				
4				
5				
6				
7				
8				

**\*Teachers may opt to assign makeup work once the student returns to school.**