



Student Absence Request

STUDENT NAME: _____ GRADE: _____

PARENT NAME: _____ HOME PHONE#: _____

DATE OF REQUEST: _____ CELL PHONE#: _____

DATE(S) OF ABSENCE: _____

REASON FOR ABSENCE: _____

Please list student's school-age siblings, if any, and indicate school attending:

Sibling Name: _____ School Attending: _____

Sibling Name: _____ School Attending: _____

Sibling Name: _____ School Attending: _____

Sibling Name: _____ School Attending: _____

Parent/Guardian Signature: _____

ATTENDANCE POLICY: Regular attendance in school is essential to academic success. Rockwall ISD encourages your student to be present every day. Excused absences include temporary absence resulting from personal sickness, illness or death in the family, extreme weather or poor road conditions making travel dangerous. Absences such as vacations and trips, babysitting, working, non-school sponsored programs and activities, may be considered unexcused.

In order for a student to make up work and receive credit for work assigned during an unexcused absence, the student must submit, in advance, this written notification of the planned absence to the principal/ designee.

FOR OFFICE USE ONLY:

_____ Excused _____ Unexcused

Principal Signature: _____ Date: _____