

Michael D. Kelly, Ed.D.  
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## PRIOR NOTIFICATION ABSENCE FORM

Return this completed form to the Main Office prior to the absence for administrator review. Cox High School discourages absences for all but the most critical reasons. Please review School Board policy 5-17.1 pertaining to course failure due to excessive absences. Prior approval does not mean the resulting absences will automatically be waived.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Requested Dates of Absence(s): \_\_\_\_\_

Reason for Absence (documentation must be attached): \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Block	Teacher Name	Course Name	Teacher Initials	Teacher Approval	Assignment(s)
↓ Student Completes This Section ↓			↓ Teacher Completes This Section ↓		
1 A				Y N	
2 A				Y N	
3 A				Y N	
4 A				Y N	
1 B				Y N	
2 B				Y N	
3 B				Y N	
4 B				Y N	

Administrator Recommendation:  Approved  Not Recommended Signature: \_\_\_\_\_

For Office Use Only:

Date Received: \_\_\_\_\_ Attendance Record: \_\_\_\_\_ Discipline Record: \_\_\_\_\_ Date Entered: \_\_\_\_\_

