

**Paly HIGH SCHOOL  
APPLICATION FOR PRIOR APPROVED ABSENCE**

**THIS PROCEDURE MUST BE COMPLETED 24 HOURS PRIOR TO THE ABSENCE**

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

Absences which are requested in writing, prior to the absence, must be approved by Administration. *For the reasons outlined below, students may request up to 3 consecutive days to be excused at a time, with a total of 10 school days excused a school-year.* To qualify, the absence must be for one of the following reasons:

- A. College Campus Visits (**Seniors and 2nd semester Juniors Only**)
- B. Court Appearance
- C. Employment Conferences
- D. Special Circumstances – Please specify below. This includes non-Paly 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. Check with A.P. Steingart or the Attendance Office if you aren't sure if your absence qualifies.
2. Complete this form with a signature from your parent/guardian.
3. Take the form to each teacher and request assignments and their signature. (See page 2.)
4. Return to the Attendance Office.
5. NOTE: BOTH SIDES MUST BE COMPLETED BEFORE FINAL APPROVAL.
6. Obtain final approval from Administrator. *The Attendance Office will contact you only if the form is not approved.*

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I, \_\_\_\_\_, will be absent from \_\_\_\_\_ to \_\_\_\_\_  
(student name) (day/date) (day/date)

for \_\_\_\_\_ school days, for the following reason:  
(number)

- COLLEGE CAMPUS VISIT - College(s) you are visiting \_\_\_\_\_
- Court Appearance  Employment Conference
- Special Circumstances (please specify) \_\_\_\_\_

**For the 2024-25 school year, I have already been absent for the following number of prior-approved school days: \_\_\_\_\_**

**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: \_\_\_\_\_  
Administrator's signature

\_\_\_\_\_  
Date

Office Use Only: Form received on \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

| Period | Assignments | Teacher's Signature |
|--------|-------------|---------------------|
| 0      |             |                     |
| 1      |             |                     |
| 2      |             |                     |
| 3      |             |                     |
| 4      |             |                     |
| 5      |             |                     |
| 6      |             |                     |
| 7      |             |                     |
| 8      |             |                     |