WATERFORD UNION HIGH SCHOOL

507 West Main Street • Waterford, WI 53185 • Telephone: (262) 534-3189 • Fax: (262) 534-4971 •www.wuhs.us

Absence Notification Form

Please use this form to plan for your anticipated leave from school.
Thank You!

1. Fill out the top portion and class names
2. Within a week of your departure, have your teachers indicate what work you will need to complete
3. Have parent excuse you for dates listed via email, Attendance Monitor, or phone call.
4. Bring completed form to Attendance Office to verify entry in PowerSchool

Student's Name _____

Dates of Absence _____/_____/_____ **through** _____/_____/_____

Reason for Absence _____

Absence Entered in PowerSchool ❑ Yes by_____

	Class Name	Tasks Circle any applicable	Notes For example, sections names, assignment details, or dates of completion	Initials
1		Assignments on Google Classroom Schedule assessment make up		
2		Assignments on Google Classroom Schedule assessment make up		
3		Assignments on Google Classroom Schedule assessment make up		
4		Assignments on Google Classroom Schedule assessment make up		
5		Assignments on Google Classroom Schedule assessment make up		
6		Assignments on Google Classroom Schedule assessment make up		
7		Assignments on Google Classroom Schedule assessment make up		
8		Assignments on Google Classroom Schedule assessment make up		

Note: Attendance goes in as an excused absence, however for some absences documentation can be provided in order to change the code which would then not count against a students 10 excused absence total for the year (see back). Documentation can be dropped off in the Attendance Office or emailed to attendance@wuhs.us.

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Post Secondary Experience - Verification

Directions

1. Fill out your name and visit information
2. Have parent excuse absence prior to date via phone, email, or Attendance Monitor
3. Have visit official sign and date this form
4. Bring this completed form to the Attendance Office after you visit as documentation for your absence.

Student Name: _____

Name of College/University: _____

or Name of Military Branch: _____

or Job Shadow: _____

(to be completed by: Representative/Recruiter/Professional)

Name: _____

Phone # _____

Email Address: _____

Verification Signature: _____

Date: _____/_____/_____

School Seal
(or email appointment confirmation)

Court / Jury Duty - Verification

Student Name: _____ Name/Location of Court: _____

(to be completed by: Court Official)

Name: _____ **Verification Signature**: _____

Email Address: _____

Phone # _____

Date: _____/_____/_____

Attendance Documentation

(If documentation is provided for the following these absence do not count towards 10 days)

Reason for Absence	**What is needed**
Post Secondary Documentation	Verification filled out on this form (can be used 2 times)
Doctors Appointment Dentist, Ortho, Therapy, Etc.	Have signed medical note with time & date
Court Date / Jury Duty / Voting	Have court officer sign this form / Letter from Court / Official message to school from court official
Funeral / Bereavement	Obituary / Program / Other documentation