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 Assistant Principal Shen-Lorenson or 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 2025-26 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

Tentative Approval: _____
Administrator's signature

Final Approval: _____ _____
Attendance signature Date

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		