

REQUEST FOR EXCUSED ABSENCE IN ADVANCE

**** Completing this form and presenting it to the Administration does not guarantee automatic approval. ****

Date(s) of planned absence: _____ Homeroom/First Period Teacher: _____

Number of school days to be missed: _____

Name of student(s):

Student Name	School	Grade	Absences to Date

Are siblings at other Alexander City Schools also included in this request? Y/N (If so, please list.)

Student Name	School	Grade	Absences to Date

Number of days requested for excused absences this year: _____

Briefly explain the purpose / reason for this request:

Please Note: Pending administrator approval of this request, the student(s) will be responsible for securing and completing all academic assignments that are missed as a result of this absence.

Parent Signature

Date

FOR OFFICE USE ONLY

Decision regarding this parent request: Approved Denied
Follow-up with other local school Administrators

Administrator Signature

Date

Reminder for Administrators – Prior to Approval, check with other schools that may be serving siblings.